

Meeting of the Mid and South Essex Integrated Care Board

Thursday, 28 September 2023 at 3.00 pm – 4.30 pm

Council Chamber, Braintree Town Hall, Market Place,
Braintree, CM7 3YG

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.	3.12 pm	Minutes of ICB Board meeting held 20 July 2023 and matters arising.	Approve	Attached	Prof. M Thorne	6
5.	3.14 pm	Review of Action Log	Note	Attached	Prof. M Thorne	16
Items for Decision / Non-Standing Items						
6.	3.15 pm	Winter Plan 2023	Note	Attached	J Kearton	17
7.	3.30 pm	Alternative Pathway for Rapidly Deteriorating Patients	Approve	Attached	J Kearton	22
8.	3.40 pm	Transfer of Care Hubs Development	Note	Attached	P Green	27
9.	3.50 pm	Letby Report	Note	Attached	Dr M Sweeting	34
10.	4.00 pm	MSE ICB Annual Assessment 2022/23 and Q2 Follow-up Letter	Note	Attached	Prof. M Thorne	55
Standing Items						
11.	4.05 pm	Quality Report	Note	Attached	Dr G Thorpe	84
12.	4.15 pm	Performance Report	Note	Attached	K Wesson	89
13.	4.20 pm	Month 4 Finance Report	Note	Attached	J Kearton	97

No	Time	Title	Action	Papers	Lead / Presenter	Page No
14.	4.25 pm	General Governance: 14.1 Adoption of Decision Making Policy. 14.2 Board Assurance Framework 14.3 Approved Committee minutes: <ul style="list-style-type: none"> • Audit Committee • Finance & Investment Committee • Primary Care Commissioning Committee • Quality Committee • System Oversight and Assurance Committee 	Approve Note Note		Prof. M Thorne A McKeever Prof. M Thorne	103 145 161 162 174 182 191 202
15.	4.28 pm	Any Other Business	Note	Verbal	Prof. M Thorne	-
16.	4.30 pm	Date and time of next Part I Board meeting: Thursday, 16 November 2023 at 3.00 pm, in The Gold Room, Orsett Hall, Prince Charles Avenue, Grays, RM16 3HS.	Note	Verbal	Prof. M Thorne	-

MID AND SOUTH ESSEX INTEGRATED CARE BOARD - REGISTER OF INTERESTS - SEPTEMBER 2023

MID AND SOUTH ESSEX INTEGRATED CARE BOARD MEMBERS (VOTING)											
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 Interest	Non-Financial Personal Interest			From	To	
Lisa	Adams	Interim Executive Chief People Officer	Nil								
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 Edgemoor 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/decisions 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.
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.

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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 appropriate arrangements can be made to manage any conflict of interest.
Matthew	Hopkins	ICB Partner Member	Mid and South Essex Foundation Trust	x			Direct	Chief Executive	Aug-23	Ongoing	Interest to be declared, if and when necessary, so that appropriate arrangements can be made to manage any conflict of interest.
Neha	Issar-Brown	Non-Executive ICB Board Member	Queens Theatre, Hornchurch			x	Direct	QTH often works with local volunteer sector including Healthwatch, social care sector for various community based initiatives, which may or may not stem from or be linked to NHS (more likely BHRUT than MSE).		Ongoing	For info only. No direct action required.
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.
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	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 Partnership University Foundation (Trust))	Essex Partnership University NHS Foundation Trust	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.
Matt	Sweeting	Interim Medical Director	Nil								
Mike	Thorne	ICB Chair	Nil								
Giles	Thorpe	Executive Chief Nurse	Essex Partnership University NHS Foundation Trust	x			Indirect	Husband is an Associate Clinical Director of Psychology - part of the Care Group that includes Specialist Psychological Services, including Children and Adolescent Mental Health Services and Learning Disability Psychological Services which interact with MSE.	09/12/22	Ongoing	Interest will be declared as necessary so that appropriate arrangements can be made if and when required.
Ian	Wake	ICB Partner Member (Thurrock Borough Council)	Thurrock Borough Council	x			Direct	Employed as Corporate Director of Adults, Housing and Health.	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 Conflicts of Interest Policy so that appropriate arrangements can be implemented.
Ian	Wake	ICB Partner Member (Thurrock Borough Council)	Thurrock Joint Health and Wellbeing Board		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 Conflicts of Interest Policy so that appropriate arrangements can be implemented.

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Ian	Wake	ICB Partner Member (Thurrock Borough Council)	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, Member of Board, Remuneration Committee and Finance & Performance Committee	01/07/19	Ongoing	Clear separation of responsibilities and conflicts.
George	Wood	Non-Executive ICB Board Member	Barking, Havering and Redbridge University Hospitals 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.

ASSOCIATE NON-EXECUTIVE MEMBERS / ALLIANCE DIRECTORS / EXECUTIVE DIRECTORS											
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 Interest	Non-Financial Personal Interest			From	To	
Mark	Bailham	Associate Non-Executive Member	Enterprise Invested Schemes in non-listed companies in tech world, including medical devices/initiatives	x			Direct	Shareholder - non voting interest	01/07/20	Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
Geoffrey	Ocen	Associate Non-Executive Member	The Bridge Renewal Trust; a health and wellbeing charity in North London		x		Direct	Employment	2013	Ongoing	The charity operates outside the ICB area. Interest to be recorded on the register of interest and declared, if and when necessary.
Shahina	Pardhan	Associate Non-Executive Member	Anglia Ruskin University, Cambridge	x			Direct	Professor and Director of the Vision and Eye Research Institute (Research and improvements in ophthalmology pathways and reducing eye related health inequality)	31/03/23	Ongoing	Interest will be declared as necessary so that appropriate arrangements can be made if and when required.
Daniel	Doherty	Alliance Director - Mid Essex	North East London Foundation Trust	x			Indirect	Spouse is a Community Physiotherapist		Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
Daniel	Doherty	Alliance Director - Mid Essex	Active Essex		x		Direct	Board Member	25/03/21	Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
Pam	Green	Alliance Director - Basildon & Brentwood	Kirby-Le-Soken School, Tendring, Essex			x	Direct	School Governor	01/09/19	Ongoing	No action required as conflict of interest is unlikely to occur.
Aleksandra	Mecan	Alliance Director - Thurrock	Matthew Edwards Consulting and Negotiations Ltd	x			Direct	Director	2021	Ongoing	Company currently dormant, if any changes occur, those will be discussed with Line Manager.
Barry	Frostick	Chief Digital and Information Officer	Nil								
Claire	Hankey	Director of Communications and Engagement	Legra Academy Trust		x		Direct	Trustee of Academy Board	01/06/17	Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.

Minutes of the Part I Board Meeting

Held on 20 July 2023 at 3.00 pm – 4.30 pm

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

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.
- Frances Bolger (FB), Interim Chief Nurse, MSE ICB.
- Dr Ruth Jackson (RH), Chief People Officer, MSE ICB.
- Joe Fielder (JF), 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.
- Paul Scott (PS), Partner Member, Essex Partnership University NHS Foundation Trust.

Other attendees

- Dr Ed Cox (EC), Director of Clinical Policy, MSE ICB (deputising for Dr Ronan Fenton).
- Geoffrey Ocen (GO), Associate Non-Executive Member.
- Mark Bailham (MB), Associate Non-Executive Member.
- Lisa Adams (LS), Interim Chief People Officer, MSE ICB.
- Jo Cripps (JC), Executive Director of Strategy and Partnerships, MSE ICB.
- Dan Doherty (DD), Alliance Director (Mid and South Essex), MSE ICB.
- Pam Green (PG), Alliance Director (Basildon & Brentwood), MSE ICB.
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB.
- Claire Hankey (CH), Director of Communications and Engagement, MSE ICB.
- Aleksandra Mekan (AM), Alliance Director (Thurrock), MSE ICB.
- Maria Crowley (MC), Interim Director Children, Mental Health & Neurodiversity.
- Alfie Bandakpara-Taylor (ABT), Deputy Director Adult Mental Health.
- Ashley King (AK), Director of Finance Primary Care & Strategic Programmes (deputising for Jennifer Kearton).
- Stephanie Dawe (SD), Chief Executive Officer, Provide Health.
- Sara O'Connor (SO), Head of Governance and Risk, MSE ICB (minutes).

Apologies

- Dr Ronan Fenton (RF), Medical Director, MSE ICB.
- Jennifer Kearton (JK), Director of Resources, MSE ICB.
- Dr Neha Issar-Brown (NIB), Non-Executive Member.
- Dr Shahina Pardham (SP), Associate Non-Executive Member.
- Peter Fairley (PF), Partner Member, Essex County Council.
- Mark Harvey (MH), Partner Member, Southend City Council.

- Ian Wake (IW), Partner Member, Thurrock Council.
- Karen Wesson (KW), Interim Director of Oversight, Assurance & Delivery, MSE ICB.
- Nicola Adams (NA), Deputy Director of Governance and Risk.

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

MT welcomed everyone to the meeting, introduced GO, MB and SD, and noted apologies as listed above.

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.

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

MT advised that Mr Peter Blackman had submitted a question to the Board asking how public confidence in adult mental health patients would be restored pending the outcome of the Public Inquiry into Essex Mental Health Services.

MT confirmed that a written response would be provided to Mr Blackman and invited PS to comment.

PS drew members' attention to the new Southend Essex and Thurrock (SET) Mental Health (MH) Strategy which the Board was being asked to approve under agenda item 6. The strategy set out how partner organisations across the mid and south Essex (MSE) system would collaborate to deliver and improve services. Essex Partnership University NHS Foundation Trust (EPUT) had reset its ambitions regarding the safety and quality of its services, drawing on lessons from the past. Significant progress had been achieved to-date, although more work was required. There was also a push to gather feedback from patients, their families and carers to assess whether this work had been successful.

Action: SO to arrange for a written response to be provided to the question raised by Mr Blackman.

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.

It was noted that section 4 of the minutes (approval of minutes of previous Board meeting) incorrectly referred to 18 May, whereas this should be 16 March 2023.

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, subject to the above amendment.

Action: SO to amend the final approved version of the ICB Board minutes of 18 May 2023 as detailed above.

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

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

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

6. Southend, Essex and Thurrock Mental Health Strategy (presented by F Bolger, M Crowley and A Bandakpara-Taylor)

FS introduced MC and ABT and explained that the new SET MH Strategy had been developed in collaboration with partner organisations.

MC confirmed that all three Integrated Care Boards (ICBs) covering Essex had contributed to the development of the Strategy, as had local authorities and other stakeholders including health and care professionals and service users. The strategy had been endorsed by ICB Executives, the MH System Transformation Group, the MH Partnership Board and the Suffolk and North East Essex ICB Board.

ABT summarised the objectives of the strategy including clarity of service provision by ensuring pathways achieved seamless delivery; promotion of good emotional and mental health, including prevention, early intervention and rehabilitation; and reduction of health inequalities by improving access to services and patient outcomes. The strategy covered all age groups and benefitted from input from people with lived experiences. In addition to approving the strategy, the Board was being asked to support establishment of a Strategy Implementation Group (SIG) to coordinate its implementation by partner organisations.

GW confirmed he supported the strategy but queried the level of investment required to reduce the backlog and improve prevention services, especially for children. ABT acknowledged the impact of the COVID-19 pandemic and advised that the strategy would promote early access to MH services including Talking Therapies and other therapeutic interventions / support. ABT also confirmed a commitment to the Mental Health Investment Standard.

PS advised that the strategy would bring together health and social care services, voluntary groups and other support networks to deliver services to individuals at a local level to prevent deterioration in their MH and lead to healthier outcomes. PS also confirmed EPUT's commitment to focussing on the MH of children and young people (CYP).

MC confirmed it was critical to intervene as early as possible in a joined-up way to support the MH of CYP to prevent them requiring support into adulthood and advised that the strategy was aligned with the Joint Forward Plan.

HC advised that Mid and South Essex NHS Foundation Trust (MSEFT) had contributed to the development of the strategy as the Trust often had to care for MH patients who attended its Emergency Departments. HC advised that EPUT had been very supportive of MSEFT in addressing some challenges which arose following Care Quality Commission (CQC) inspections, and vice versa, and it was important to maintain this positive relationship to resolve ongoing challenges.

MT noted and welcomed the involvement of Essex Police in the strategy's development.

JF confirmed his support for the strategy and welcomed its focus upon patient centred care and improving the transition from CYP to adult MH services. JF suggested that organisations should consider how they would respond to the rising demand for MH services, both in terms of affordability and capacity.

In response to a query from BF regarding the challenges of implementing the strategy, ABT advised that the SIG would have responsibility for co-ordination and alignment.

In response to comments from GO, ABT confirmed that prevention and early intervention by health workers and primary care was a key component of the strategy.

MT asked members to confirm their endorsement of the strategy. No objections were received.

Resolved: The Board:

- **Endorsed the Southend Essex and Thurrock All-Age Mental Health Strategy, recognising it had been the product of extensive engagement and input from across a diverse range of stakeholders and partners.**
- **Agreed and supported the establishment of the Southend, Essex and Thurrock All-Age MH Strategy Implementation Group, recognising it had been the product of extensive engagement and discussion with partners.**
- **Noted the Board will receive regular updates on progress with implementation of the strategy and development of collaborative working arrangements.**

7. Southend Special Educational Needs and Disabilities (SEND) Strategy 2022-26 (presented by F Bolger and M Crowley)

FB advised that the Southend SEND Strategy had also been developed in partnership with other organisations.

MC confirmed that extensive engagement was undertaken with relevant stakeholders, including service users, their families and carers and identified five key priorities, namely: Transitions; Early Intervention; Good Mental Health and Wellbeing; Plans; and The Local Officer.

MC outlined action to be taken in respect of each priority area and confirmed that the ICB's Quality Committee and Southend City Council had approved the strategy. Accountability for delivery of the strategy would sit with Southend Partnership Board reporting directly to the Health and Wellbeing Board. The ICB Quality Committee would also receive regular updates on implementation.

PG confirmed that the local Southend Alliance team had been involved in development of the strategy.

In response to a query from GW regarding the ability to implement the strategy, MC acknowledged that challenges remained due to the ongoing impact of the pandemic and the increasing number of people receiving a diagnosis of neurodiversity. Consequently, statutory and voluntary agencies needed to work much closer and differently to ensure services and support were provided on a timely basis.

AMcK clarified that the ICB's key role was to co-ordinate and facilitate the effective use of resources by other organisations.

PS advised that families and carers were often frustrated by current arrangements and it was therefore vitally important to regularly engage with them to ensure that seamless and effective services were designed and delivered going forward across the whole of MSE.

In response to a query from EC, MC confirmed that some benchmarking against other areas had been undertaken.

In response to a query from GO regarding equity, MC explained that there could be different needs across MSE and this would be identified via analysis of data and being flexible if a shift in provision was required.

HC confirmed that MSEFT had been involved in development of the strategy and mentioned the Trust was an Anchor employer providing employment opportunities to this cohort of individuals. PG also highlighted the work and importance of the Better Start programme.

MB supported the strategy and suggested that feedback needed to be statistically significant to ensure effective trend analysis to provide assurance that its implementation was effective. MC acknowledged the importance of this and provided examples of how this would be monitored.

Resolved: The Board noted and approved the Southend Strategy 2022-26.

8. Quality Report (presented by F Bolger)

FB presented the Quality Report which provided an update on the Care Quality Commission (CQC) inspection of EPUT, Essex Mental Health Independent Inquiry (EMHII), staff survey results at EPUT and MSEFT; and the CQC inspection at St Andrews Healthcare. FB highlighted the following:

The latest CQC inspection report relating to EPUT was published on 20 July 2023. The rating had deteriorated from 'Good' to 'Requires Improvement'. FB and PS had discussed how EPUT's Quality Improvement Plan (QIP) should be monitored and AMcK and FB would meet with colleagues to consider the underpinning processes.

The EMHII would move to a statutory footing. The appointment of the Inquiry's Chair and terms of reference were awaited.

The Southend SEND CQC and Ofsted inspection report was published on 10 June 2023. A partnership approach would be taken to develop the action plan for submission by 21 July 2023 and progress against the plan would be monitored by the ICB Quality Committee.

AMcK, FB and the Chief Nurse at MSEFT would shortly meet to discuss the Trust's CQC QIP. Ongoing oversight of CQC actions would be reported to the ICB's System and Oversight and Assurance Committee and Quality Committee.

JF requested further assurance regarding mitigating action being taken to address CQC/Ofsted recommendations. FB agreed to discuss this with JF outside the meeting.

MT advised that local authorities were interested in receiving greater clarity on the powers and responsibilities of ICBs in relation to the quality agenda. MT had explained that this was a developing area, both locally and nationally, as many actions were the responsibility of

provider organisations. FB advised that ICBs must work closely with NHS England from a regulatory perspective but currently had limited powers other than financial options. NHSE had advised that further guidance on this area was imminent.

MT commented that until further clarification was received, it was his view that the ICB should work closely with all partners, as a 'shared enterprise', to ensure the quality and safety of services was improved.

HC advised that she and PS had Accountable Officer responsibility for their respective organisations but welcomed the support of their ICB colleagues to convene quality summits/panels to manage regulatory requirements. Building relationships with other stakeholders, such as the Health Oversight and Scrutiny Committees (HOSCs) was also valuable to drive improvement across the System, as many stakeholders were experiencing similar challenges.

PS echoed HC's comments and highlighted the importance of working with service users and their families/carers to improve services despite the huge challenges facing the System.

FB explained that inspections undertaken by the ICB Quality Team were undertaken in collaboration with providers' Chief Nurses and confirmed relationships with both MSEFT and EPUT were very transparent. In addition, issues relating to mental health services were also discussed with neighbouring ICBs. NHSE was also closely involved with the quality agenda.

PS advised that the establishment of the Mental Health Urgent Care Department on the Basildon Hospital site and work being undertaken with Essex Police had substantially reduced the number of Section 136 attendances and was having a beneficial impact across the System.

MT noted that FS would be leaving the ICB shortly and noted his thanks for her valuable input on the quality and safety agenda across MSE.

Resolved: The Board:

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

Action: FB to liaise with JF to provide further assurance regarding mitigating action being taken to address CQC/Ofsted recommendations.

9. Performance and Assurance Report (presented by J Cripps on behalf of K Wesson)

JC advised that the performance report had been updated to provide further trend information and she would be happy to feed back any comments on the new format to KW. The report contained published data which meant there was a time lag, whereas provider organisations were in possession of up-to-date data. Each area of performance within the report was managed by a specific Board, the membership of which maintained oversight of performance for their specific area.

The data for East of England Ambulance Service Trust (EEAST) was a trust-wide dataset for the whole Trust. There had been improvements in response and handover times as identified by local data.

Emergency Department (EDs) performance had improved. There was a requirement for EDs to be at 76% performance by March 2024 and MSE was currently near this target. However, elective and diagnostics performance remained significantly challenged, although backlogs were reducing.

Cancer performance was currently better than the national target set for MSE. The number of two-week referrals had increased, which was expected due to the pandemic, and the Cancer Stewards were undertaking work to improve the quality of referrals. The Faster Diagnostic Standard was ahead of plan, although there were many challenges relating to this pathway.

Industrial action had impacted on Referral to Treatment performance, although the longest waits were gradually reducing.

Mental Health performance standards for Talking Therapies and access to treatment standards including Early Intervention in Psychosis were being met, although challenges remained regarding second appointments. AMcK had instigated accountability reviews to develop clear plans regarding national standards and local improvements.

MT and AMcK thanked colleagues from provider organisations for continuing to provide services during recent industrial action and acknowledged the impact this had on performance. MT commented that Community Diagnostic Centres would improve diagnostic performance once established.

AMcK advised that the System Oversight and Assurance Committee (SOAC) identified issues that needed to be escalated to sovereign Boards. Recent escalations included efficiency savings; workforce issues; progress being made to address an incident relating to the issue of letters to GP practices; and a reporting issue related to NHS care provided by an independent provider.

MT advised that a recent meeting held with representatives from partner organisations to focus on System finances had been very beneficial.

HC acknowledged the right of staff to take industrial action and highlighted that, notwithstanding this, performance had improved in both Trusts. However, the amount of time and effort required to ensure that essential services were maintained, in addition to other ongoing challenges, should not be underestimated. The impact of industrial action upon primary care colleagues was also noted.

MT noted that JC would shortly be leaving the ICB and thanked her for the support she had provided to him personally and for the valuable contribution she had made to the MSE System.

Resolved: The Board noted the Performance and Assurance report.

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

AD summarised progress made on the following issues as detailed within her report:

- Primary Care Network (PCN) Clinical Strategy Development.
- Oversight and Governance of the delivery of Integrated Neighbourhood Teams (INT).
- Local Progress within the four Alliance areas.
- New primary care access recovery imperatives
- Workforce.

MT acknowledged the significant progress that had been made and thanked AD, RF and GP Leads for their input.

AMcK advised that PCNs had not been rushed into establishing INTs, although he was committed to increasing their during his last six months as ICB Chief Executive.

DD advised that an incongruence remained between PCN and INT configuration which was proving difficult to address in some areas, mainly because the population defined Neighbourhoods. AMcK asked colleagues to support DD to resolve this issue.

In response to a query from MT regarding GP telephony, AD advised that confirmation of next steps from the national team was awaited.

MT noted that RF would be leaving the ICB shortly and asked that his thanks to RF for his contribution to the work of the ICB were noted.

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

11. Finance Report, Month 2 (presented by A King on behalf of J Kearton)

AK advised that as of Month 2, the ICB was forecasting a break-even position and confirmed that this remained the case for Month 3, although a risk relating to independent sector provider activity had been identified which was currently being validated. Consequently, the ICB had to release some non-recurrent funding.

The System position at Month 2 was a deficit of £16 million, which was off-plan by £8 million. At Month 3 there was a £21 million deficit, which was off-plan by £10 million. The System position was fluid due to validation requirements and work continued, as set out in the report, to improve the financial position.

Resolved: The Board noted the Finance Report for Month 2 and the verbal update on the Month 3 financial position.

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 System Oversight and Assurance Committee and Clinical and Multi Professional Congress which had received prior support from the relevant committees. No objections to the proposed changes were raised.

Resolved: The Board approved the revised Terms of Reference for the System Oversight and Assurance Committee and Clinical and Multi Professional Congress.

12.2 Approved Committee Minutes.

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

- Audit Committee, 11 April 2023.
- Clinical and Multi-Professional Congress, 25 May 2023.
- Finance and Investment Committee, 11 May 2023.
- Primary Care Commissioning Committee, 7 June 2023.
- Quality Committee, 21 April 2023.
- System Oversight and Assurance Committee, 14 June 2023.

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

12.3 Revised Risk Management Policy and Extension of Policy Review dates.

Four HR policies (Grievance; Absence Management; Disciplinary and Dignity at Work) that were due for review in July 2023 had been reviewed with no changes to terms and conditions.

The Risk Management Policy (Ref MSEICB 017) had also been updated to reflect changes to the Board Assurance Framework reporting process and to address minor recommendations from the ICB's internal auditors. The revised policy had received prior approval by the Audit Committee and the Board was now asked to adopt the updated policy.

The Board was also asked to extend the review dates of eight policies, as listed on Appendix 1 of the report, from July 2023 to December 2023, noting that these would be reviewed once the current organisational change process had been completed.

Resolved: The Board:

- **Noted the review of the Grievance; Absence Management; Disciplinary and Dignity at Work Policies, with no changes to terms and conditions.**
- **Adopted the revised Risk Management Policy.**
- **Agreed to extend the review date of the remaining eight policies listed on Appendix 1 of the report from July 2023 to 31 December 2023.**

12.4 Board Assurance Framework

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. MT advised that the BAF would remain in development to make it constructive and reflective of the responsibilities of sovereign organisations.

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

13. Any Other Business

13.1 ICB Annual General Meeting

MT advised that the ICB would hold its first Annual General Meeting on Tuesday 12 September at 3pm – 5pm in the Council Chamber, Thurrock Council Offices. Details would be posted on the ICB website in due course.

13.2 Hannah Coffey

MT noted that HC would be leaving MSEFT to take up the role of Chief Executive Officer at North West Anglia NHS Foundation Trust. MT thanked HC for her valuable contribution to the work of the ICB and wished her well in her new role.

13.3 Ruth Jackson

MT advised that RJ would shortly be retiring and acknowledged the significant difference she had made in addressing workforce issues across MSE which was very much appreciated by him, ICB colleagues and partner organisations.

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

Thursday, 21 September 2023 at 3.00 pm, in Committee room 4a, Southend on Sea Council, Civic Centre, Victoria Avenue, Southend on Sea, Essex, SS2 6ER.

NB: The date of the next meeting was subsequently amended to 28 September 2023.

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
27	20/07/2023	3	Questions from the Public: Arrange for written responses to be provided to question from Mr P Blackman	S O'Connor	31/08/2023	Response issued 2 August 2023.	Complete
28	20/07/2023	4	Minutes of ICB Board meeting 18 May 2023 Amend Section 4 the final approved version of the ICB Board minutes of 18 May 2023 to refer to previous minutes dated 16 March 2023.	S O'Connor	01/08/2023	Actioned	Complete
29	20/07/2023	8	Quality Report: Contact Joe Fielder to provide further assurance regarding mitigating action being taken to address CQC/Ofsted recommendations.	F Bolger / Dr G Thorpe	31/08/2023	Discussion held between Frances Bolger and Joe Fielder. Future oversight of CQC/OFSTED reporting as part of the SEND agenda will be undertaken by the Quality Committee, with any necessary escalations being reported through the Quality Report to Board.	Complete

MSE System Paper – Winter 2023 Plan

Agenda Number: 6

System Submission and Plan for Winter 2023

Summary Report

1. Purpose of Report

To provide members with the following information:

- The approach for Winter 2023 endorsed by the Chief Executives (Health) on 11 September 2023.
- Prioritisation of health core services through winter is the focus for health.
- Investment allocation of capacity monies.
- Stretch targets that the System has committed to and the ask of partners required to achieve these.
- Confirmation that the Chief Executive workstream Discharge/Flow will lead and oversee their specific actions and respective performance commitments as outlined in the plan.

2. Chief Executive Lead

Anthony McKeever, Chief Executive, Mid and South Essex (MSE) Integrated Care Board (ICB).

3. Report Author

Karen Wesson, Interim Executive Director of Oversight, Assurance and Delivery, with thanks to all partner leads from across health and social care for their respective areas coordinated via the System Delivery, Performance and Planning Group.

4. Responsible Committees

MSE System Urgent Emergency Care (UEC) Transformation and Improvement Board.

System Oversight and Assurance Committee (SOAC).

System Delivery, Performance and Planning Group.

System Discharge and Flow Executive.

5. Link to the ICB's Strategic Objectives

Improve outcomes in population health and healthcare and supporting System pressures

6. Impact Assessments

Not applicable to this report.

7. Financial Implications

Following the national meeting held in August 2023 there was an ask for the System not to commit further capacity monies until review at the follow-up meeting with the national team in September 2023.

Allocation of capacity monies to fund recurrent (Intermediate Care Beds) and non-recurrent prioritised escalation beds in MSEFT initially subject to agreed thresholds being met. The budget total is £5m.

Allocation will be on cost incurred and will end unless stated on 31 March 2024. For those non-recurrent schemes evaluation is required by February 2024.

8. Details of patient or public engagement or consultation

Not applicable to this report.

9. Conflicts of Interest

None identified.

10. Recommendation/s

Members are asked to:

- Note the prioritisation of health core services through the winter is the focus for health.
- Note the investment allocation of capacity monies.
- Acknowledge the stretch targets that the System has committed to and the ask of partners required to achieve these.
- Note that the Chief Executive workstream Discharge/Flow will lead and oversee their specific actions and respective performance commitments as outlined in the 2023 Winter Plan.

2023 Winter Plan.

1. Introduction

The paper is being presented following submission of the 2023 Winter Plan to outline the approach endorsed by the Chief Executives (Health):

- Prioritisation of health core services through the winter is the focus for health.
- Investment allocation of capacity monies.
- Stretch targets that the System has committed to and the ask of partners required to achieve these.
- That the Chief Executive workstream Discharge/Flow will lead and oversee their specific actions and respective performance commitments as outlined in the plan.

2. Main content of Report

Background:

27 July 2023: MSE System received the [2023 Winter letter and appendix](#) from the national NHS England team.

8 August 2023: MSE System received the [National specification for the System Coordination Centre](#).

10 August 2023: Mid and South Essex reinstated the System Delivery, Planning and Performance Group (SDPPG) to oversee the coordination of the System Winter Plan and presented the approach to development of the plan to the Chief Executive Form on the 18 August 2023. The approach was endorsed by the Chief Executives.

4 September 2023: Responses via identified leads from across partners received and have been collated into the Winter 2023 narrative submission and data template.

Plan now submitted for national review.

11 September 2023: Chief Executive (Health) Forum endorsed this approach for Winter 2023.

14 September 2023: ICB Finance and Investment Committee endorsed the approach for capacity monies to support the priorities agreed by the Health Chief Executives.

15 September 2023: System Discharge and Flow Executive supported the approach outlined in this paper.

System commitments:

On 11 August 2023 the ICB and MSEFT met with Amanda Pritchard and Sarah Jane Marsh, NHS England. The outcome of that meeting was that there would be increased focus on the System delivery over winter and focus on achievement and delivery of UEC performance.

The System has committed to the following stretch targets:

Quarter Four Stretched Trajectories for Four Hour Access & <30 Minute Ambulance Handovers

Mid and South Essex Foundation Trust (MSEFT) have trajectories across the three hospital sites to deliver 80% of patients seen, admitted and discharged within four hours by March 2024. However, trajectories have been adjusted in line with improvement programmes/schemes to deliver 80% in Quarter Four of 2023.

Stretch trajectories have been signed off by MSEFT for delivery of 90% of <30 min ambulance handovers. Monitoring of delivery against trajectories will be undertaken by the Chief Operating Officer at MSEFT at the UEC Improvement Board, and accountability at the Mid and South Essex UEC Transformation & Improvement Board.

Numerical submission completed as part of the winter plan shows:

- Non elective admissions with zero length of stay MSEFT is underplan.
- Overnight occupancy slightly above plan.
- Those not meeting the criteria to reside is underplan.
- Virtual Ward is under capacity.
- Urgent Community Response Teams (UCRT) on plan.
- Community Beds capacity.

Capacity investment endorsed by CEO (Health) on 11 September 2023:

Community Intermediate Care Bed change of model

As previously presented to SOAC (9 August 2023) the System and constituent organisations committed to supporting the programme of work required to reconfigure the community hospitals. To enable this work programme to commence funding is required.

Risk mitigation of Winter plans – Acute escalation beds

To provide the System with mitigation of the current acute identified risk of a bed deficit of circa 70 beds, should the improvement and changes in pathway, services and optimisation (as outlined in the narrative plan) not have the intended impact a reserve to fund escalation acute beds has been identified.

This money will only be released should specific triggers and thresholds be met. These will be agreed via the System UEC Board and reflect any actions outlined in the Operational Pressures Escalation Levels (OPEL) Framework.

Known risks/issues and challenges:

- Workforce.
- Pace of roll out and embedding of Transfer of Care Hubs (TOCH) or Care Coordination Hubs in supporting flow and discharge from both acute and community beds – no allocated funds as in development with discharge monies investment.
- Roll out of Integrated Neighbourhood Teams.
- Mental Health bed capacity impacting on flow (adult and paediatric).
- Paediatric capacity – lack of paediatric virtual ward to support flow and admission/attendance avoidance, paediatric emergency department workforce challenges (Southend site).
- Virtual Ward optimising existing new capacity and ensuring System engagement and utilisation of current services – clinical support and engagement in model.
- Reducing delays in flow/discharge to the community beds.

- Demand Management:
 - Maximising all alternates to emergency department
 - Referrals and waiting list management – Alliance work to reduce acute referrals (outpatients and emergency)

3. Findings/Conclusion

The gaps identified from the 2023 Winter Plan narrative and outlined in the national letter are below. The ask is for services who were leading on the development of these to continue so that should all Winter Plans come to fruition and there is uncommitted capacity monies, these can be revisited and invested in.

Gaps are:

- Children's virtual ward.
- Acute Respiratory Hubs.
- 24/7 Palliative support.
- Heart Failure Virtual Ward.

Whilst the System has a robust plan, there is significant work and requirements of partners if the ambition and stretch targets are to be achieved.

Work is to take place by the Chief Operating Officer and MSE System Director for UEC to develop thresholds for opening of the escalation beds.

4. Recommendation(s)

Members are asked to:

- Note the prioritisation of health core services through winter is the focus for health.
- Note the investment allocation of capacity monies.
- Acknowledge the stretch targets that the System has committed to and the ask of partners required to achieve these.
- Note that the Chief Executive workstream Discharge/Flow will lead and oversee their specific actions and respective performance commitments as outlined in the 2023 Winter Plan.

Integrated Care Board, 28 September 2023

Agenda Number: 7

Changing Approach to Pathway for Patients who have a Rapidly Deteriorating Condition with a Primary Health Need.

Summary Report

1. Purpose of Report

To ask members to endorse the progression to contract award for the change in pathway to the Hospice Collaborative, building on the work to-date.

The proposal supports the efficiency programme, provides greater control of model and pathway, increases patient and family experience through a right care, right service approach.

2. Executive Leads

Jennifer Kearton, Executive Chief Finance Officer.
Karen Wesson, Interim Executive Director Oversight, Assurance and Delivery.

3. Report Author

Karen Wesson, Interim Executive Director Oversight, Assurance and Delivery.
Kevin Edwards, Attain, ICB Procurement Lead.
David Goodwin, Finance Business Partner – Purchase of Health Care.

4. Responsible Committees

Finance and Investment Committee – approved paper and proposals agreed and supported by the Executive Team 16 August 2023.

5. Link to the ICB's Strategic Objectives

Improve outcomes in population health and healthcare and supporting System pressures.

6. Impact Assessments

For the domiciliary component there is no change to the current model however there is a contractual change (St Lukes and Farleigh Hospices)

For the inpatient model and the domiciliary model (Havens), whilst there is a change in budget holding and contract, the service and pathway referral route has changed rather than the end point of the service for the patient.

7. Financial Implications

This approach sees the move of a defined budget from the All Age Continuing Care (AACC) Team for rapid referral to the Hospice Collaborative (Farleigh, St Lukes and Havens). The Budget has been informed by the 2022/23 spend (AACC) and the existing Hospice Rapid Access budget (only Farleigh and St Lukes).

Annual budget as per Voluntary Ex-Ante Transparency Notice (VEAT) for this service is shown below. The contract length is three years plus one and is subject to national inflator or deflator:

Place		Hospice		CHC	Total
CPR		Havens	£97,609	£1,210,712	£1,308,321
Southend		Havens	£97,609	£1,702,248	£1,799,857
Thurrock		St Luke's	£664,254	£455,676	£1,119,930
BB		St Luke's	£608,655	£1,638,538	£2,247,193
Mid		Farleigh	£2,478,219	£2,566,301	£5,044,520
Total			£3,946,346	£7,573,475	£11,519,821

This model eliminates the use of capacity monies for Hospice beds releasing this back to support greater System/Surge capacity pressures as outlined in the June 2023 FIC paper.

The model will operate a risk/gain share for the period 1 August 2023 to 31 March 2024 where underspend will be shared 50/50 with the Hospices and ICB. Overspend will be 60% funded by the ICB with 40% being funded by the Hospices, minimising the risk to the ICB and supporting the controls and right sizing of the model/budget for year 2.

8. Details of patient or public engagement or consultation

Not applicable

9. Conflicts of Interest

None identified

10. Recommendation

Members are asked to support the progression to contract award recognising the early benefits of this work.

Rapid Access Service – A New Approach

1. Introduction

Over the past four months the All Age Continuing Care (AACC) team, Finance Team with Attain and Senior Responsible Officer (SRO) for Palliative Care have been working on how the pathway for patients whose condition is rapidly deteriorating with a primary health need can receive the best care, improve outcomes for patients and families whilst reducing the risk of an ever growing budget demand.

In conjunction with the three Mid and South Essex Hospices (Farleigh, St Luke's and Havens) the ICB has developed a model with a defined budget to reduce risk, increase controls and oversight whilst improving the experience and outcomes for patients and their families.

This paper is seeking the support of members to progress the award of the contracts to the Hospices to build on the pathway change and work with ICB colleagues following approval of this by the Finance and Investment Committee on the 16 August 2023.

2. Main content of Report

Background:

The Integrated Care Board (ICB) is responsible, as a core function, to commission Palliative and End of Life Services and packages for those rapidly deteriorating with a primary health need. The ICB as part of its efficiency programme has been working with the hospices and the AACC team to put in greater controls around the management and oversight of this pathway.

Patients whose condition means they will possibly die within 12 weeks (most within 6 weeks based on AACC data) receive an offer which reflects the previous commissioning arrangements held locally by CCGs. This proposal seeks to harmonise that support with the aim that care is provided in the best place for patients with the right support for themselves and their loved ones at this complex time.

Depending on where a patient currently lives they will currently follow one of the below pathways, if identified as having a rapidly deteriorating condition with a Primary Health need:

- Can be referred direct to the AACC and if referral says they need bedded care they will have a nursing home bed spot purchased for them funded at a weekly rate.
- Can be referred to the AACC and if the patient can be managed at home, they will have a domiciliary care provider package spot purchased for them funded at a weekly rate.
- Mid Essex and South West Essex patients who can be managed at home should be referred to Farleigh or St Lukes and the hospice will provide assessment and care for the patient in their own home.
- South East Essex patients currently follow the AACC pathway, however care can be purchased via Havens Hospice on a cost per case approach.

New model: The Difference

The pathway that has been developed means that all referrals are received and reviewed by the hospices Rapid Access Service; the patient is then provided with care based on their needs by the Hospice.

Inpatient Care is provided within the Hospice inpatient unit under the care of the specialist team. Domiciliary Care is provided by the Hospice out of hospice service managing the patient at home.

The added value for the System is that packages not only comprise hospice teams but are supplemented with other ICB funded services to maximise the outcomes for patients.

Benefits:

- Less patients end up being placed in nursing homes, the Hospice teams are well experienced in managing complex patients at home with care and compassion.
- Improved experience for patients and their families through support before, during and after this service as completed by the Hospice teams.
- Increased flexibility and scalability of packages – as the Hospice teams are providing the reviews and care they can quickly identify if care needs increase/decrease and scale care to match without delays.
- Financial control of the budget for this service in one place and with one flow of information.
- Risk/gain share against over or underspend increasing partnership commitment to the model and the want to ensure controls are in place.

Evidence to date:

Bedded service went live from 1 August 2023. In the first week/seven days there have been identified benefits:

- 1 patient referred to Farliegh for inpatient bedded care – has been managed at home with wraparound care.
- 3 patients referred to St Luke's for inpatient bedded care – all have been managed in their own homes with wraparound care.
- 1 patient referred to Havens for inpatient bedded care – has been managed at home with wraparound care.

This early information indicates that the intention to support people to die in the right place for them is supported by this model. If this model hadn't been in place the limited inpatient (care home) beds would have been used for these patients impacting on wider System flow.

Positive engagement and support received from the AACC team and the Integrated Discharge Team at MSEFT.

Risks:

- Capacity – the allocated bedded capacity may not be sufficient to meet the inpatient need – this will be monitored and reviewed. Mitigation – hospices will be able to spot purchase nursing home beds if required.
- Workforce – hospice recruitment to posts to provide care required both inpatient and domiciliary. Mitigation – a) Farleigh and St Luke's have staff in post as have been providing 'winter beds'. These will now become inpatient beds for this service; b) Confirmed Contract term will enable Hospices to invest in recruitment of staff.

Work to date:

- Model and pathway defined and agreed.
- Activity and budget defined with AACC and shared with the Hospices.
- VEAT published to enable model to be progressed – this was published with no challenge July 2023.
- Pathway live from 1 August 2023 with all referrals now going direct to the Hospices – the budget and payment currently is then via invoice to the AACC – this will transition to the Hospices with full implementation.
- Oversight Group established which monitors activity, addresses any issues or risks, looks at further efficiencies reviews qualitative/quantitative data from the new service.
- Specification developed and agreed for adding to the new contract.

3. Findings/Conclusion

Progressing this work meets the ICB statutory function to commission and fund care for those with a rapidly deteriorating condition and primary health need. It enables the model and service to be flexible and responsive, provided by the service with the most knowledge, skills and experience in providing care to both patients and their families/carers when the patient is expected to die as a result of their rapid deterioration.

It reflects the ambition outlined in the Joint Forward Plan to ensure that the palliative and end of life care needs of people of all ages with life-limiting illness, and their families/carers, are met so that they receive the care and support they need to live and die well. This is irrespective of diagnosis or condition, and especially in the last year of life. We will focus on the 'outcomes that matter most' to those we care for.

4. Recommendation

Members are asked to support the progression to contract award recognising the early benefits of this work.

Part I ICB Board Meeting, 28 September 2023

Agenda Number: 8

Transfer of Care Hubs Development (Adult and Mental Health Services)

Summary Report

1. Purpose of Report

To provide the Board with an overview of the development of Transfer of Care Hubs (Adult and Mental Health Services) (TOCH) across mid and south Essex.

2. Executive Lead

Pam Green, Director of Basildon and Brentwood Alliance.

3. Report Author

Vicki Decroo, Deputy Director of Integrated Commissioning.

4. Responsible Committees

The work is being overseen by a multi partner working group which is reporting to the Discharge and Flow workstream lead by Paul Scott, Chief Executive Officer (CEO), Essex Partnership University NHS Foundation Trust (EPUT).

5. Link to the ICB's Strategic Objectives:

- Tackling system pressures and challenges together.
- Connecting and integrating the care we provide.

Reference the relevant ICB objectives:

- Have a clear shared view of the capacity we need so that we can make decisions together to benefit all patients in our local population.
- Improve the way we plan and deliver services and functions.
- Support communities to meet their needs, particularly those in vulnerable groups.

6. Impact Assessments

An Equalities and Health Inequalities Impact Assessment has been completed as part of the Financial Recovery Plan (FRP) Project Initiation Document (PID) for this project.

A Data and Privacy Impact Assessment will need to be undertaken at each Locality as part of the project action plan.

7. Financial Implications

The Finance model is being developed to understand the potential incremental costs of TOCHs and dedicated finance support is being provided by Lee Bushell, Deputy Director of Finance Operations.

8. Details of patient or public engagement or consultation

This work is part of nationally mandated service developments, and fully involves our Healthwatch and Voluntary sector partners, our working group includes stakeholders from all three Local Authorities, provider organisations and commissioners. As part of winter 2023 planning all Local Authorities have acknowledged the importance of the TOCH, “to support person effective centred discharges including complex care and housing cases and admission avoidance”.

9. Conflicts of Interest

None identified.

10. Recommendation

The Board is asked to receive this report for information.

Transfer of Care Hub Development

1. Introduction

1.1 Background information

The Transfer of Care Hubs (TOCH) form part of the Mid and South Essex (MSE) Integrated Care System (ICS) winter surge response.

The Flow and Discharge Portfolio Group, led on behalf of the system by Paul Scott, Chief Executive Officer of Essex University Partnership Trust (EPUT), fully supports the proposed model of four TOCHs aligned to Alliance geographical footprints. The TOCHs will often be the initial point of contact for the new established system wide Unscheduled Care Co-ordination Hub, enabling residents to be directed to the right service closer to home, first time.

In February 2023, the ICB commissioned an external consultant (Peopletoo) to support the system to reach a consensus on development of TOCHs. This is in addition to extensive 1:1 engagement with system partners. A further stakeholder workshop was held at the end of March 2023 which informed the ongoing development of a Target Operating Model and Associated workplan.

1.2 Purpose of the report

To update the Board on the plans in place to formalise the TOCH approach across MSE system.

2. Transfer of Care Hubs (TOCHs)

2.1 TOCH System Working

The System Control Centre via Single Health Resilience Early Warning Database (SHREWD) has daily operational performance information by pathway that will be used by the TOCHs to determine their area of focus and priority actions for each of their four TOCHs. Each TOCH will facilitate pull from the acute hospital into the community pathways including the emerging Integrated Neighbourhood Teams (INTs) as well as admission avoidance to reduce the need for hospitalisation. This will incorporate close working with the Primary Care Networks and wider partners.

The Alliance Director will be ultimately accountable for the delivery of the TOCH in their footprint. Working in collaboration with community health services, emerging INTs and Local Authorities to effectively build on existing infrastructure. A multi-disciplinary working approach supported by wider partners including housing and Voluntary, Community or Social Enterprise sector (VCSE) will enable a targeted focus on enhancing flow, reducing length of stay and improving the experience and outcome for residents.

2.2 National Drivers

Both the 2023/24 Winter Plan and national policy support the implementation of TOCHs to enable safe and effective discharge for patients whilst releasing capacity through improved flow.

2.3 Financial Sustainability

A key driver both nationally and for the local system, is to reduce the requirement for utilisation of hospital escalation beds during the winter months. This workstream together with achieving a reduction in length of stay over the winter months will support a significant and sustainable reduction in cost pressures for health and Local Authority partners.

Effective delivery of TOCHs will enable the achievement of these and other stretch targets, not only will this lead to efficiency savings but may also release funding to deliver other priorities.

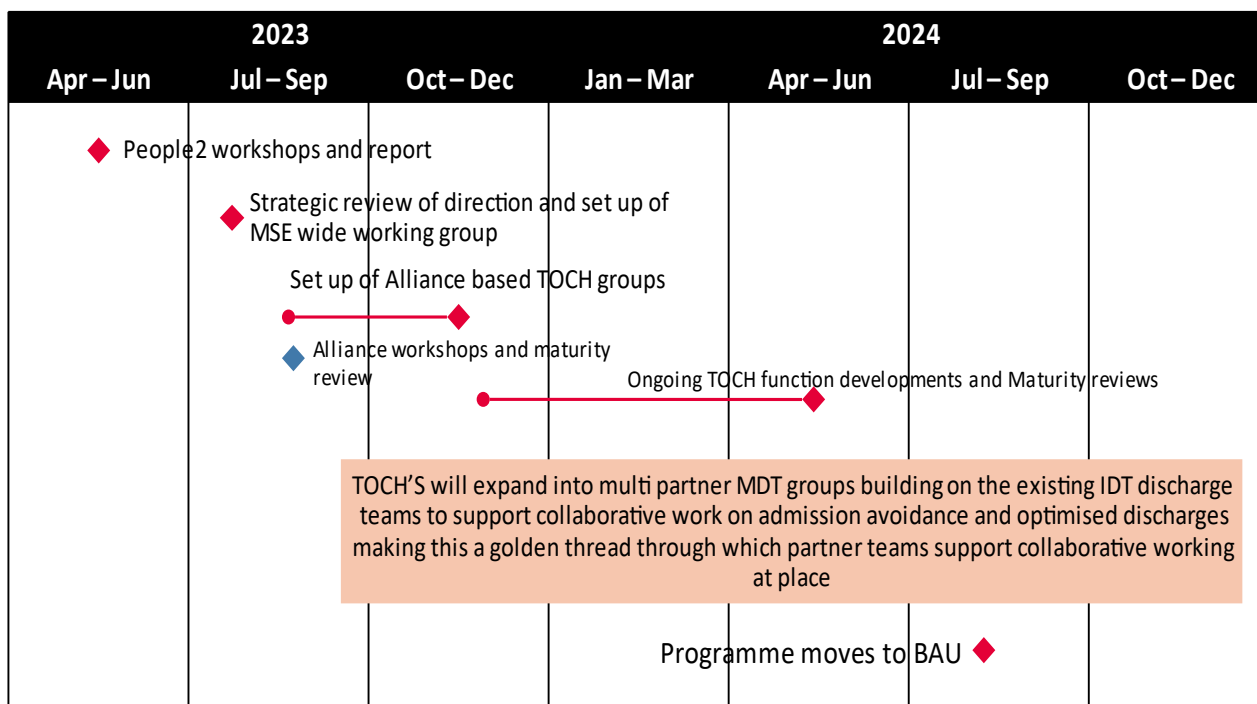
2.4 TOCH Approach for Delivery

- One per Alliance footprint. Alliance Directors will be ultimately accountable for the delivery of TOCHs. However, joint place based leadership with Community Collaborative Partnership Directors and Local Authority leaders is essential to achieve successful operational delivery.
- Supporting a model that knows their population whose core principle is home first.
- TOCHs are a virtual hub that act as local health and social care system-level coordinating centres, linking all relevant services across sectors to aid discharge and recovery and admission avoidance. They are the lead for progressing discharge planning and coordination of the pathway reducing the need for duplication with acute teams during their operational working hours.
- Step up - Leading admission avoidance pathway in enabling services through the TOCH to navigate patients to the right service/pathway, reducing the need for admission e.g. Urgent Community Response Team, Same Day Emergency Care, virtual wards, reablement etc.
- Step down - Coordinating discharge, flow and reducing re-admission through proactive interventions including Pathway Light.
- Model operates seven days per week from 8:00am to 6:00pm (seven day a week ask in line with Government TOCH Action Card System Control Centre).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101030/Transfer_of_Care_Hub_-_Hospital_Discharge_Action_Cards_Revised.pdf
- TOCHs will use the learning from feedback to improve services including how the TOCH operates.

2.5 Milestones to be delivered

Milestone	By When	By Who	Progress
Provider Lead identified for each TOCH	September 2023	Pam Green	On track
Performance metrics for oversight by Flow and Discharge programme, for TOCHs will include reduction in delays, reduced length of stay.	September 2023	Pam Green	On track
Thurrock Healthwatch to be commissioned for a short term piece of work (approx 2 months) to triangulate lived experience with data sets	October 2023	Margaret Allen	On track
Shared information systems. Each TOCH to define gaps in access e.g. SHREWD	October 2023	Alliance Directors	On track
Target Operating Model system sign off	October 2023	Pam Green	On track
ICB Board Seminar Session planned for Target Operating Model	November 2023	Pam Green	On track
Standard Operating Procedures to be developed and approved for TOCHs	November 2023	Pam Green	On track
Communications plan launched	November 2023	Claire Hankey	On track
All four TOCHs launched	30/11/23	Alliance Directors	On track
Evaluation report produced	February 2024	Josie Harding	Not started

High-level programme timeline



3. Resource Implications

3.1 Workforce:

The TOCH workforce exists. The work of the Alliances is to bring their multidisciplinary team from across partners together to provide the case management and navigation function of the TOCH.

3.2 Finance:

The Finance model is being developed to understand the potential incremental costs of TOCHs and dedicated finance support by the Integrated Care Board, Deputy Director of Financial Operations.

4. Risk and Issues

Risk	Mitigation
Access to shared information systems: Lack of provider access to relevant systems, resulting in delays to access care.	Alliance Directors are working with partners to identify gaps in access to relevant systems e.g. SHREWD and Shared Care Record. This will be further explored within the project working group to support mitigation and data sharing effectively within the hub. TOCHs are aiming for an “Air traffic control” type system to enable viability of patient journeys to enable better coordination.

Risk	Mitigation
Workforce: Existing provider reliance on bank and agency staff to mitigate workforce gaps has the potential to impact on delivering the TOCH core service.	<p>System workforce and recruitment plans to reduce reliance on bank and agency in place.</p> <p>Large Scale culture change to create better inter organisational relationships and trust – organisational leaders to distil to operational staff the ambition</p>

5. Performance Measures

A set of key performance indicators and impact measures are being developed utilising the existing Ageing Well dashboard and additional partner metrics. The MSE Urgent Emergency Care dashboard and SHREWD will be used to identify medically optimised, longer length of stay patients to track the TOCH impact on performance.

6. Evaluation

TOCH success will be informed by the metrics agreed and overseen by the Flow and Discharge Portfolio Group, supplemented by qualitative data from staff and users of the service.

The Flow and Discharge Portfolio Group receive the metric reports via the Mid and South Essex Urgent Emergency Care Transformation and Improvement Board, a sub-group of the System Oversight and Assurance Committee which reports to the Integrated Care Board.

7. Conclusion

Each of the four Alliances will have their Phase 1 TOCH in place by 30 November 2023, to support winter pressures. TOCHS will mature further and will do more in subsequent years to facilitate discharge and admission avoid, influencing the design of our health and social care system around them.

With ICB Finance colleagues the incremental costs of TOCHs on the system are being identified, in addition to tracking system efficiencies through not opening escalation beds and improved flow, enabling redirection of capacity resource e.g. Acute Respiratory Infection Hubs, 24-7 palliative care line, virtual ward, etc.

An ICB Board seminar session is planned for TOCH Target Operating Model in November 2023.

8. Recommendation

The Board is asked to receive this report for information.

Part I Board Meeting, 28 September 2023

Agenda Number: 9

Board Paper: Integrated Care Board update and action following receipt of the NHS England Letter on 18 August 2023 following the Verdict in the Trial of Lucy Letby

Summary Report

1. Purpose of Report

To update the Board on the requirements of the Integrated Care Board (ICB) outlined in the letter from NHS England (NHSE), at **Appendix 1**, following the Verdict in the trial of Lucy Letby.

2. Chief Executive Lead

Dr Matt Sweeting, Interim Medical Director.

3. Report Author

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

4. Responsible Committees

Not applicable

5. Link to the ICB's Strategic Objectives

Improve outcomes in population health and healthcare and supporting System pressures.

6. Impact Assessments

Not applicable to this report.

7. Financial Implications

Not applicable to this report.

8. Details of patient or public engagement or consultation

Not applicable to this report.

9. Conflicts of Interest

None identified.

10. Recommendations

Members are asked to:

- Note the content of this paper.
- Endorse the adoption of the National Freedom to Speak Up Policy by the ICB
- Note actions already in place across the ICB.
- Note that the ICB will adopt and implement the requirements outlined in the Fit and Proper Persons Framework nationally published on 1 September 2023.
- Note information on actions of partner organisations.
- Note areas for action and improvement.

Board Assurance following Letter from NHS England following the verdict in the trial of Lucy Letby

1. Introduction

To update the Board on the requirements of the Integrated Care Board (ICB) outlined in the letter from NHS England (NHSE) following the Verdict in the trial of Lucy Letby, actions already in place and areas for ongoing work.

2. Main content of Report

Background:

On 18 August 2023 the ICB received a national letter from NHSE following the verdict in the trial of Lucy Letby (**Appendix 1**). This letter emphasised the following:

- Patient Safety Incident Response Framework will be implemented across the NHS – representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.
- The importance of NHS leaders listening to the concerns of patients, families and staff, and following whistleblowing procedures.
- Everyone working in the health service to feel safe to speak up – and confident that it will be followed by a prompt response.

Explicit Asks of Organisations:

The letter has specific asks of the ICB, these being:

- Adoption of the national policy “Freedom to Speak Up (FTSU)” by January 2024 at the latest.
- Ensuring that:
 - All staff have easy access to information on how to speak up.
 - Relevant departments, such as Human Resources and Freedom to Speak Up Guardians, are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
 - Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.
 - Boards seek assurance that staff can speak up with confidence and whistle-blowers are treated well.
 - Boards are regularly reporting, reviewing, and acting upon available data.
- No appointment to Board is made unless the person meets the Fit and Proper Persons requirements, using the Framework which will be updated annually.

3. Integrated Care Board Response to the Asks

The ICB has reviewed the asks in the letter, below outlines what is in place and where there remains action required.

Patient Safety Incident Response Framework

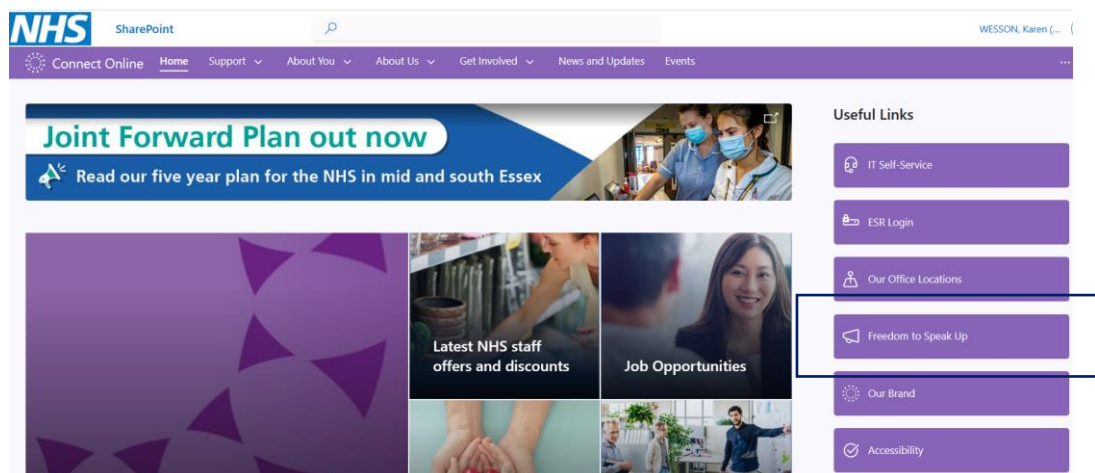
The ICB have commenced work to move to implementation of this new framework. Board members had a dedicated seminar session on this in June 2023. Progress and reporting to members will change to reflect the implementation of the framework and reporting of incidents.

Freedom to Speak Up (FTSU)

Adoption of the national policy by the ICB by January 2024. Following the national ask the ICB is seeking Board approval that the National Policy is adopted.

The ICB has an identified Freedom to Speak Up Guardian, who is working to expand the number of Guardians for the ICB.

The ICB has a number of courses that staff can enrol on to via the intranet which has a link on the homepage titled Freedom To Speak Up – see picture below:



Fit and Proper Persons Framework

The ICB have historically completed a Fit and Proper Persons Tests for all Board appointments.

The ICB will adopt and ensure its Fit and Proper Persons Test meets the requirements outlined in the new Framework published nationally on 1 September 2023, effective from 30 September 2023.

Partner Organisations' Role in Ensuring the Actions and Asks as Defined in the Letter.

Mid and South Essex NHS Foundation Trust

MSEFT wrote to Dr Matt Sweeting, Interim Medical Director, MSE ICB, outlining their actions and response, as set out in **Appendix 2**.

Essex Partnership University NHS Trust

EPUT wrote to Dr Matt Sweeting, Interim Medical Director outlining their actions and response to the letter, as set out in **Appendix 3**.

Provide Community Interest Company (CIC)

Provide CIC's response outlining their actions is set out in **Appendix 4**.

Primary Care

There is an expectation that every employer of people delivering NHS services should have a Speaking Up process in place with the ability for staff to raise concerns through a FTSU guardian. The picture is quite variable in practices across primary care.

The national NHSE FTSU team are due to publish a briefing shortly to help clarify the expectations of ICBs in relation to Freedom to Speak Up. However, as with ICB staff, primary care workers can also raise concerns with NHSE via england.speakup1@nhs.net. They can also access dedicated NHSE resources at [NHS England - Speaking up to NHS England](#).

Hospice Collaborative.

Farleigh Hospice has replied formally to Dr Matthew Sweeting, as set out in **Appendix 5**. A combined response from the hospice collaborative is expected shortly.

4. Findings/Conclusion

The ICB has an identified FTSU Guardian, however it is acknowledged that increasing the number of Guardians for the organisation could be beneficial and work is underway with the Workforce Team to explore this.

The National Policy must be adopted by the ICB.

The ICB has an area on the intranet regarding Speaking Up with several accessible resources and access to online training.

The Fit and Proper Persons Framework, which goes live on 30 September 2023, will be adopted across the ICB. The Workforce team are leading this piece of work to ensure adoption by the Board for future appointments.

Work continues to be led by the Quality Team on implementation of the Patient Safety Incident Response Framework and change in reporting of incidents. This will inform how learning takes place in organisations and ensures engagement with families and patients in the learning.

Following publication of the letter our Integrated Care System health partners have communicated to all staff reminding them of the importance of raising concerns and knowing who and how to do this.

5. Recommendation(s)

Members are asked to:

- Note the content of this paper.
- Endorse the adoption of the National Freedom to Speak Up Policy by the ICB
- Note actions already in place across the ICB.
- Note that the ICB will adopt and implement the requirements outlined in the Fit and Proper Persons Framework nationally published on 1 September 2023.
- Note information on actions of partner organisations.
- Note areas for action and improvement.

6. Appendices

Appendix 1 - NHS England letter to ICBS dated 18 August 2023 following the Verdict in the trial of Lucy Letby.

Appendix 2 - Mid and South Essex NHS Foundation Trust response.

Appendix 3 - Essex Partnership University NHS Foundation Trust response.

Appendix 4 - Provide Community Interest response.

Appendix 5 - Farleigh Hospice Response.

- To:
- All integrated care boards and NHS trusts:
 - chairs
 - chief executives
 - chief operating officers
 - medical directors
 - chief nurses
 - heads of primary care
 - directors of medical education
 - Primary care networks:
 - clinical directors

NHS England
 Wellington House
 133-155 Waterloo Road
 London
 SE1 8UG

18 August 2023

- cc.
- NHS England regions:
 - directors
 - chief nurses
 - medical directors
 - directors of primary care and community services
 - directors of commissioning
 - workforce leads
 - postgraduate deans
 - heads of school
 - regional workforce, training and education directors / regional heads of nursing

Dear Colleagues,

Verdict in the trial of Lucy Letby

We are writing to you today following the outcome of the trial of Lucy Letby.

Lucy Letby committed appalling crimes that were a terrible betrayal of the trust placed in her, and our thoughts are with all the families affected, who have suffered pain and anguish that few of us can imagine.

Colleagues across the health service have been shocked and sickened by her actions, which are beyond belief for staff working so hard across the NHS to save lives and care for patients and their families.

On behalf of the whole NHS, we welcome the independent inquiry announced by the Department of Health and Social Care into the events at the Countess of Chester and will cooperate fully and transparently to help ensure we learn every possible lesson from this awful case.

NHS England is committed to doing everything possible to prevent anything like this happening again, and we are already taking decisive steps towards strengthening patient safety monitoring.

The national roll-out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems.

This autumn, the new Patient Safety Incident Response Framework will be implemented across the NHS – representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

We also wanted to take this opportunity to remind you of the importance of NHS leaders listening to the concerns of patients, families and staff, and following whistleblowing procedures, alongside good governance, particularly at trust level.

We want everyone working in the health service to feel safe to speak up – and confident that it will be followed by a prompt response.

Last year we rolled out a strengthened Freedom to Speak Up (FTSU) policy. All organisations providing NHS services are expected to adopt the updated national policy by January 2024 at the latest.

That alone is not enough. Good governance is essential. NHS leaders and Boards must ensure proper [implementation and oversight](#). Specifically, they must urgently ensure:

1. All staff have easy access to information on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for

communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

4. Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
5. Boards are regularly reporting, reviewing and acting upon available data.

While the CQC is primarily responsible for assuring speaking up arrangements, we have also asked integrated care boards to consider how all NHS organisations have accessible and effective speaking up arrangements.

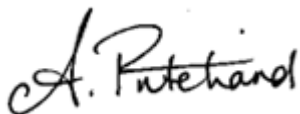
All NHS organisations are reminded of their obligations under the Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements – including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not). The CQC can take action against any organisation that fails to meet these obligations.

NHS England has recently strengthened the [Fit and Proper Person Framework](#) by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role.

This assessment will be refreshed annually and, for the first time, recorded on Electronic Staff Record so that it is transferable to other NHS organisations as part of their recruitment processes.

Lucy Letby's appalling crimes have shocked not just the NHS, but the nation. We know that you will share our commitment to doing everything we can to prevent anything like this happening again. The actions set out in this letter, along with our full co-operation with the independent inquiry to ensure every possible lesson is learned, will help us all make the NHS a safer place.

Yours sincerely,



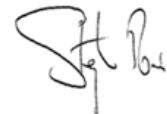
Amanda Pritchard
NHS Chief Executive



Sir David Sloman
Chief Operating
Officer
NHS England



Dame Ruth May
Chief Nursing Officer,
England



**Professor Sir
Stephen Powis**
National Medical
Director
NHS England

Appendix 2

MSEFT Lucy Letby Response

Questions	Answers
<p>1. Please can you confirm that MSEFT have Freedom to Speak Up (FTSU) Policy. In addition, do you have plans to adopt the updated national policy by January 2024 at the latest.</p>	<p>We do have a FTSU policy in place which is very comprehensive. We plan to do a comparison between our current policy and the new national policy and update accordingly.</p>
<p>2. Are the relevant departments at MSEFT, such as Human Resources, and Freedom to Speak Up Guardians aware of the National Speaking Up Support Scheme and actively refer individuals to the scheme.</p>	<p>Our Guardian service and HR departments are aware of and participate in the national schemes. We ensure that all template letters and responses to those who have raised concerns include links to the policy and guidance as well as contact details of support mechanisms are provided.</p>
<p>3. Do all MSEFT staff have easy access to information on how to speak up.</p>	<p>Information and advice about speaking up about concerns is provided at induction and is available on our internal Intranet. The contact details of site-based Guardians (part of our commissioned Guardian service) are provided along with a detailed description of the service including assurances about confidentiality. We also have posters advertising the service (example attached) placed at locations on each site. Following the Letby trial we are reviewing the intranet pages to consider whether the function could be made more prominent and comprehensive.</p>
<p>4. Has MSEFT considered and implemented different approaches or mechanisms to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, including those who work unsociable hours</p>	<p>We have appointed a cadre of more than 30 Freedom to Speak up Champions to support the Guardian service by providing a supportive presence more locally to increase the accessibility of the service and to act as an additional source of information and support. We have a robust EDI strategy and plan in progress; the joint EDI group meet on a monthly basis where both guardian leads and staff network heads as well as executive sponsors of the networks are attendees. We are working on increasing remote access to our intranet and relevant policies and support mechanisms. We are also working with Matthew Cripps and NHSE team on any improvements we can make to our plans to ensure we have a critical friend model of support.</p>

Appendix 2

Questions	Answers
<p>and may not always be aware of or have access to the policy or processes supporting speaking up.</p>	<p>The staff governors also do regular walk arounds and drop ins to support and signpost as do the TU reps. The CEO has a monthly open drop in session planned.</p>
<p>5. Does MSEFT have varying methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.</p>	<p>We have a number of communication models in place and as part of the Letby response and in readiness for FTSU month in October will focus these specifically on speaking up. Initiatives in place include:</p> <ul style="list-style-type: none"> • Workforce Wednesdays – rolling programme of HR support and information as part of the daily stepping up safety briefings at each site • Regular walk-arounds etc from guardians, TU officials and senior leaders • Meeting free Fridays, one per month, to improve senior leadership visibility to gauge feedback • Staff engagement events – regular events on various staffing matters especially regarding culture to improve our retention figures • Regular values awards of role models demonstrating our values (excellence, compassion, respect) with news stories and awards ceremonies each month at Board meetings • As part of our programme “Valuing our People” we have committed to a zero tolerance to BHD culture and are developing our overall approach to this including psychological safety. We are using monthly pulse surveys and you said we did comms campaigns to include staff feedback and show progress made • A specific listening strategy is in place to gather feedback from staff, respond to issues and signpost staff to support e.g. FTSU
<p>6. Is there evidence that Boards seek assurance that staff can speak up with confidence and whistle-blowers are treated well.</p>	<p>The Guardian service reports directly to the Trust Board and representatives attend periodically to provide feedback about the effectiveness and performance of the function. Reports and discussions form the Board agenda twice per year. The guardian service also attends the People & OD committee at least twice per year. A NED lead is appointed for FTSU.</p>
<p>7. Is there evidence that Boards are regularly reporting, reviewing, and acting upon available data.</p>	<p>The evidence of regular Board reporting on the FTSU function is contained in Trust Board minutes. More granular information is provided as part of the workforce reports for divisions which show team health indicators including pulse survey results, ER cases etc. We are working</p>

Appendix 2

Questions	Answers
	with the Guardians and our insight team to cross reference the data to learn more from it to identify actions needed.
8. Does MSEFT have appropriate Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements.	Yes – updates on compliance given to the Board regularly.
9. NHS England has recently strengthened the Fit and Proper Person Framework by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role, is this a framework that you have adopted.	The checks on adherence to the FPP framework have recently been completed and reported to the Board (in July 23). We are working on implementing the new board member reference template by September 30 th and will embed the new guidance from NHSE on board level competencies when it arrives.



Sent Via Email

Dr Matt Sweeting
Interim Medical Director,
Mid and South Essex Integrated Care System

Dr Milind Karale
Executive Medical Director
EPUT The Lodge
The Lodge Approach
Wickford, SS11 7XX
Tel: 01268 739675
m.karale@nhs.net

Chair: Sheila Salmon
Chief Executive: Paul Scott

6th September 2023

Dear Matt

Re: Response re Letby Case

Firstly, I wish to welcome you to the Mid & South Essex system and I wish you every success in your role as the new Interim Medical Director for Mid & South Essex ICB. I look forward to working closely with you over the coming months and offer you our full support from colleagues at EPUT.

Thank you for your letter re the Letby case dated 25 August 2023. I am pleased to set out the steps that EPUT is taking in response to this case and the recent letter from Amanda Pritchard and her senior team dated 18 August 2023.

We have as an Executive Team agreed that my colleague Nigel Leonard, Executive Director of Major Projects & Programmes, who has responsibility as the SRO for our Freedom to Speak Up initiative, will lead a task and finish group to ensure the actions identified in Amanda Pritchard's letter are actioned as soon as possible.

Nigel has informed me that we have undertaken the following actions since the task and finish group was established in mid-August, and we can now answer each of your questions in turn.

1. **All staff have easy access on how to speak up:** The Trust is very fortunate to have recently employed Bernadette Rochford MBE as our Freedom to Speak Up Guardian. Bernie has a national reputation for her work on the Freedom to Speak Up initiative and has worked very closely with the National Guardian team. Although the Freedom to Speak Up initiative has been in place within the Trust since its creation on 1 April 2017, we were already planning a major relaunch of this initiative with staff as part of the Freedom to Speak Up Month in October 2023. We have in place a local Guardians Network and significant promotional activity, with contact details located in key places across the organisation including posters in staff rest areas. As part of our strategy we will follow the work around Freedom to Speak Up with a 'Listen Up' month in November which will create space for all front line staff to have active safety communication meetings with managers. As you would expect, we have a wide range of contact points for the Freedom to Speak Up Guardian

including information on our intranet, a confidential phone line, email etc., and these contact details are widely available across the organisation.

In light of Amanda Pritchard's letter we have accelerated the communication aspects of the Freedom to Speak Up initiative and have a comprehensive communications programme highlighting the issues that have arisen from the Letby case and the importance of staff to report any issues relating to safety incidents or practice where the staff member feels uncomfortable. Nigel will be happy to share this communications plan with you if required. Our new Freedom to Speak Up Guardian is scheduled to present to medical staff.

2. **Human Resources and Freedom to Speak Up Guardians are aware of the Freedom to Speak Up scheme and actively refer people to this scheme:** I can confirm that the HR Team, People & Culture Team and our Freedom to Speak Up Guardian are aware of the national support scheme and refer individuals to this scheme as appropriate. This issue has also been reinforced through the work of our task and finish group.
3. **Supporting minority groups of staff within the Trust:** As part of our Freedom to Speak Up strategy we have identified key vulnerable groups within the organisation and provided a wide range of opportunities and initiatives that are targeted towards those groups so that they have the opportunity to speak to the Freedom to Speak Up Guardian's office. Over the coming months, our Freedom to Speak Up Guardian and her team will be specifically focusing on vulnerable and hard to reach staff groups as part of our programme, and this links to our wider objective of building a healthy and supportive culture within the Trust which links directly to not only the Freedom to Speak Up initiative but also our Organisational Development and Safety Strategy that is being implemented across the Trust.
4. **Board seeks assurance that staff can speak up with confidence, and whistle blowers are treated well:** The Board has a direct relationship with the Freedom to Speak Up Guardian and the work of our engagement cultural and Freedom to Speak Up processes are overseen by our People, Equality & Culture Committee (PECC). Our new Freedom to Speak Up Guardian will be attending a Board Development session for a focussed discussion on the Letby case and our rejuvenated approach to embedding our Freedom to Speak Up initiative within our wider safety strategy. Nigel Leonard will be taking a separate paper to both PECC and the Trust Board in September outlining our response to the Letby case and our programme of activity over the coming months.
5. As part of our Task and Finish Group our SRO on Letby issues will be linking with the Trust secretariat and the Freedom to Speak Up Guardian to review available data and present this to the Board. Currently, as mentioned above, this is overseen by PECC and the Freedom to Speak Up Guardian has regular contact with the Freedom to Speak Up SRO, the Chief Executive, Chair and Senior Independent Director. Following the Letby case, this is an area we intend to strengthen as, although there is close oversight by PECC, the Board currently receive a summary of the PECC meeting and the annual report from the Freedom to Speak Up Guardian. I am happy to ask Nigel Leonard to update you

further on our progress in relation to item 5 once agreement has been reached with our Board in September.

I trust that this provides the information that you need for your ICB Board and I can confirm that my colleague, Nigel Leonard, will be happy to provide you with any further information that you require.

Once again, can I offer you a warm welcome to MSE and my full support in your new role as the Interim Medical Director.

With best wishes.

Yours sincerely



Dr Milind Karale FRCPsych, MSc (Forensic Psychiatry), DNB, DPM, MBBS
Executive Medical Director/ Consultant Psychiatrist

Cc: Nigel Leonard, Executive Director of Major Projects and Programmes

Provide

‘Freedom to Speak Up’ (Whistleblowing) Actions

‘Freedom to Speak Up’ (Whistleblowing)

Following the verdict of Lucy Letby, where the evidence shared in this tragic case, was both saddening and shocking. The trial raised questions regarding safety, culture and procedures relating to the Trust in question, and will be something the NHS more generally, Provide Community and our system partners will reflect on, and act on, once the results of the enquiry are known.

While we await the results of the enquiry, I wanted to share the additional steps we have undertaken to date, and indeed our recent response to the ICB about how ‘Freedom to Speak Up’ (Whistleblowing) operates at Provide.

The following steps have undertaken:

- A company-wide communication about the Lucy Letby case (25th August)
- Strengthening ‘Freedom to Speak Up’ (Whistleblowing) policy (see above)
- ‘Freedom to Speak Up’ (Whistleblowing) Guardian role communication
- ‘Freedom to Speak Up’ (Whistleblowing) Champion roles (see below)
- Mandatory Training national ESR eLearning module launches 2nd October
- Questions to better ‘test’ ‘Freedom to Speak Up’ in the Engagement Survey
- Refreshing the ‘Freedom to Speak Up’ (Whistleblowing) action plan

‘Freedom to Speak Up’ (Whistleblowing) Champions

To support this vital role of the ‘Freedom to Speak Up’ (Whistleblowing) Guardian, we have advertised for two dedicated ‘Freedom to Speak Up’ Champions.

The role of a ‘Freedom to Speak Up’ (Whistleblowing) Champion is an important one, to help signpost, promote, and support colleagues access options to enable a resolution. The Champions will serve as role models in the organisation, ensuring Provide continues to have an open, honest and transparent culture which values speaking out. Closing date for expressions of interest is 28th September.

Colleague Engagement Survey - ‘Freedom to Speak Up’ (Whistleblowing) Questions

In advance of each Colleague Engagement Survey, the questions are reviewed and improvements made. Since the new style survey was launched in 2021, we have asked the following question in relation to ‘Freedom to Speak Up’ (Whistleblowing):

- *In my organisation, it is safe to speak up and challenge the way things are done*

As part of our 'Freedom to Speak Up' (Whistleblowing) action plan, and in addition to the above question, we have included three new questions (below), designed to provide much richer information and 'test' colleagues' awareness of 'Freedom to Speak Up' (Whistleblowing). The results to these questions will inform and direct our activities.

New questions include:

- *I am aware of the 'Freedom to Speak Up' (Whistleblowing) policy*
- *I understand the purpose of the 'Freedom to Speak Up' (Whistleblowing) policy*
- *We're pleased to hear you understand the purpose of the 'Freedom to Speak Up' (Whistleblowing) policy. Would you be willing to share examples of the sorts of things you believe can be dealt with by this policy?*

'Freedom to Speak Up' (Whistleblowing) - ICB Assurance

Following the verdict of Lucy Letby, the ICB has sought assurance from all system partners in respect of how 'Freedom to Speak Up' (Whistleblowing) operates in each organisation, please see Provide's response included below.

ICB Assurance Questions

1. Please can you confirm that Community Providers have Freedom to Speak Up (FTSU) Policy. *Yes, we do.*
2. In addition, do you have plans to adopt the updated national policy by January 2024 at the latest. *Yes, plans are already in place to adopt the updated national policy by 30th November 2023.*
3. Are the relevant departments within the Community Providers, such as Human Resources, and Freedom to Speak Up Guardians are aware of the National Speaking Up Support Scheme and actively refer individuals to the scheme. *Yes, we are aware of the National Speaking Up Support Scheme, and where appropriate we actively refer individuals to this scheme.*
4. Do all Community Providers staff have easy access to information on how to speak up. *Yes, we have a 'Freedom to Speak Up' policy available and accessible. There are posters situated in 'common areas' and we have communications, and special bulletins sent out to remind colleagues about 'Freedom to Speak Up'. 'Freedom to Speak Up' is also covered at colleagues' induction for new entrants to the organisation.*
5. Have our Community Providers considered and implemented different approaches or mechanisms to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, including those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. *Yes, we have six clear mechanisms to support colleagues ensuring they are confident to use 'Freedom to Speak Up' including:*

1. *'Freedom to Speak Up' Guardian (Non-Executive Director on the Board)*
 2. *'Freedom to Speak Up' Champions - roles that promote awareness (nominated from employees)*
 3. *The Council of Governors (Chair, Vice Chair and link Governors)*
 4. *Staff Partnership Forum*
 5. *Colleague Networks (including Ethnic Minority, LGBTQ+, Disability and Men's Network)*
 6. *Human Resources*
6. Do our Community Providers have varying methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place. *Yes, we promote a fair and just culture, and in terms of communicating with colleagues, we use the following channels:*
1. *Monthly 'All Colleague Webinar'*
 2. *Group Chief Executive (Mark Heasman) 'Minute with Mark'*
 3. *Senior Leadership Team - Week in Summary*
 4. *Monthly 'Provide Leadership Team Webinar'*
 5. *Monthly 'Council of Governors' Meetings*
 6. *Annual Members Meeting*
 7. *Board Site Visits*
 8. *Annual 'Learning and Development Week'*
 9. *Annual 'Health and Wellbeing Week'*
7. Is there evidence that Boards seek assurance that staff can speak up with confidence and whistle-blowers are treated well. *Questions in our annual Colleague Engagement Survey test whether colleagues have the 'Freedom to Speak Up', the results of this annual survey (see below) are examined by the Board. Our 'Freedom to Speak Up' Guardian is a Non-Executive Director, so 'Freedom to Speak Up' is discussed regularly at the Board, and the Board would receive reports on any 'Freedom to Speak Up' concerns, including how colleagues (who raise concerns) would be supported. Lastly, the Chair of our 'Council of Governors' attends each company Board meeting, along with other Governors (on a rotation basis), as all Governors come from our employee population, they could raise concerns at any of these Board meetings.*
8. Is there evidence that Boards are regularly reporting, reviewing and acting upon available data. *The Board reviews the data captured from the annual Colleague Engagement Survey, as mentioned earlier, and specific questions test whether colleagues are confident to use 'Freedom to Speak Up'. During the 2022 Colleague Engagement Survey (captured in October 2022), the results below show colleague responses to very specific communication questions. As 64% of our workforce responded to the survey, the results captured would statistically be 'transferable' across our entire workforce.*
1. *Colleague Engagement Survey:*
 1. *I feel well informed about what is happening in my organisation - 78%*
 2. *In my organisation, it is safe to speak up and challenge the way things are done - 79%*

9. Do our Community Providers have appropriate Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements. *Yes, we have a Fit and Proper Person (FPP) policy, ratified in 2022, this updated policy followed the recommendations noted in the 'Kark Review'. Additionally, there is a licensing requirement of our Provider licence with NHSi, which is updated annually.*

10. NHS England has recently strengthened the Fit and Proper Person Framework by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role, is this a framework that you have adopted. *Yes, the Board member reference template is used for all Board members, and indeed we are required under the conditions of our Provider licence to use the most recent Fit and Proper Persons (FPP) template.*



5 September 2023

Dr Matt Sweeting
Interim Medical Director, Mid and South Essex Integrated Care System

Dear Matt,

Re: Response re:Letby Case

Thank you for your letter dated 25th August 2023 in relation to the shocking and disturbing outcome of the Lucy Letby trial. As you say – devastating for all of us that this could happen and we carry sadness and compassion for the many families affected by her actions.

I write to inform you of the intentions and evidence from Farleigh Hospice to ensure the learning is embedded and to assure you that we have strong safe protocols in place for people who raise concerns (staff, volunteers, patients or the public). There will always be learning so we will be constantly reviewing areas that we want to improve as a result of this investigation in order to strengthen our procedures for raising concerns.

1. All staff have easy access to information on how to speak up

Farleigh Hospice have a Freedom to Speak Up Guardian (FTSUG) who is an experienced safeguarding professional and also a CQC inspector. Her background is children and young people's nursing. Her details are available on our website and there are posters up around the Hospice. The contact details also feature on a rolling homepage screen for all our staff and have been advertised directly by the FTSUG via Workplace, our staff communication channel. Staff and volunteers receive this information during their induction and it is referenced in the staff handbook. Ad hoc testing of the email contact is in place to ensure ease of access. The FTSUG reports on the timeliness of response. Farleigh Hospice has a Whistleblowing Policy sets out the role of the FTSUG and how to contact. We also publicise how to raise a concern with the CQC. These have been evidenced by staff use. We continually review our methods of feedback including the raising concerns by patients, staff, volunteers, and the public.

2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.

The Farleigh FTSUG is aware of this route as an option for staff. The HR team are aware of the FTSU support scheme and make staff aware of all options open to them when raising a concern. We plan to run an internal audit of staff awareness of how to raise a concern, and the variety of methods to do so.

3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

All staff are actively involved in regular team meetings where they are encouraged to share any information including concerns, regardless of their role or background. Team meetings

ensure that information is cascaded verbally as well as in writing and staff are signposted to supporting documentation.

The clinical multidisciplinary team also meet as part of clinical handover on a daily basis, including out of hours on our inpatient unit. There are clear escalation processes in place for sharing of concerns 24/7. All registered clinical multidisciplinary staff receive funded external 1-1 clinical supervision and our non-registered clinical staff will shortly be encouraged to participate in new group external clinical supervision with clear safeguarding procedures should any concerns arise that need escalation.

Our FTUG is also intending to conduct "walk arounds" to increase visibility and be accessible to staff.

All staff have access to computers and are trained in their use. All staff who are not regular IT users are actively encouraged to engage with IT and provided time to do so, this ensures constant access to policies and processes. Information around raising concerns is also included in the volunteer handbook. HR support is provided for staff on an individual basis, such as translation.

4. Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.

All reports to FTSUG or Whistleblowing are reported to governance committees including those dealing with services and those with staff. Examples can be provided of previous whistleblowing reports to the CQC which were subsequently reported through to Board chaired committees, and managed and responded to both appropriately and sensitively.

5. Boards are regularly reporting, reviewing and acting upon available data

Governance Committee and Board receive regular reports on Employee Relations matters including whistleblowing along with notifications and a report from FTSUG. When FTSUG is contacted the Chair of Trustees is notified.

I hope that the above responses will provide good evidence of our robust approach to supporting staff, volunteers, patients and the public who raise concerns. Please do not hesitate to contact me should you require any further information.

Kind regards,



**Dr Eva Lew FRCP
Medical Director
Farleigh Hospice**

Board Meeting September 2023

Agenda Number: 10

Board Paper: Integrated Care Board (ICB) Annual Assessment 2022/23 and Mid and South Essex (MSE) Q2 ICB Review Meeting – 24 July 2023

Summary Report

1. Purpose of Report

To update the Board on progress following the ICB receipt of the letters from Clare Panniker, NHS England East of England Regional Director following the annual assessment and quarter two review:

- Regional annual assessment of Mid and South Essex ICB for 2022/23 (**Appendix 1**).
- Mid and South Essex (MSE) Q2 ICB Review Meeting – 24 July 2023 (**Appendix 2**).

Appendix 3 shows the actions from both letters and the update/progress made.

2. Chief Executive Lead

Anthony McKeever, Chief Executive of Mid and South Essex Integrated Care Board.

3. Report Author

Karen Wesson, Interim Executive of Oversight Assurance and Delivery.

Katie Bartoletti, Staff Officer Corporate.

4. Responsible Committees

Not applicable to this report.

5. Link to the ICB's Strategic Objectives

Improve outcomes in population health and healthcare and supporting System pressures.

6. Impact Assessments

Not applicable to this report.

7. Financial Implications

Not applicable to this report.

8. Details of patient or public engagement or consultation

Not applicable to this report.

9. Conflicts of Interest

None identified.

10. Recommendation/s

Members are asked to:

- Note the content of this paper.
- Note the asks and identified areas for improvement.
- Note the progress on the actions outlined in the two letters.

Board Assurance Letter 2022/23 and Quarter 2 Letter

1. Introduction

To update the Board following the ICB's receipt of the letter from Clare Panniker, NHS England East of England Regional Director, outlining the Regional Annual assessment of Mid and South Essex ICB for 2022/23 (**Appendix 1**) and the Quarter 2 Review Letter (**Appendix 1**).

2. Main content of Report

Background:

The requirement for an annual assessment of Integrated Care Boards (ICB) is outlined within the Health and Care Act 2022. On 31 July 2023, Mike Thorne, Chair received the Annual Assessment Letter 2022/23 from Clare Panniker, Regional Director for NHS England East of England, detailing for 2022/23 the Regional assessment of Mid and South Essex Integrated Care Board (MSEICB).

The Quarterly meeting enabled the Regional team to have an in-depth discussion with partners and ICB colleagues one year on from the formation of MSE ICB. The meeting focussed on progress and on how NHS England, regionally and nationally, could support the team going forward.

Overview:

The Annual Assurance letter covered the following detailing achievements and outlines areas of focus for MSEICB.

- Leadership.
- Clinical care and engagement.
- NHS People Plan.
- Governance and Decision-making.
- Regard for the Triple Aim.
- Quality of Services and outcomes.
- Delivered 2022/23 Planning Guidance.
- Population Health Management.
- Promoted involvement and Choice.
- Restored Services, reduce inequality of access.
- Preventative Programmes.
- Financial Balance.
- Delivery of Efficiency plans.
- Facilitated, promoted research and technology.
- Contributed to System priorities.

The Quarter 2 Review letter (**Appendix 2**) outlined the discussion detailing areas where NHS England Regional team had taken actions to support the work of MSEICB. The Review meeting included partners from the Integrated Care Partnership and Non-Executive Members of MSEICB.

Where there were identified areas, actions or asks from both meetings, a lead has been allocated from the Executive Team. **Appendix 3** provides the Board with details of progress to-date.

3. Findings/Conclusion

The 2022/23 letter summarises the overall assessment of the ICB as shown below:

“It has been clear that the ICB successfully transitioned on the 1st July 2022, and over the following nine months has undertaken a significant programme of work to develop key areas such as governance, leadership, and quality. Through the ICB quarterly reviews we have seen progress being made, however it is clear that there are still a number of challenges to be overcome, particularly in operational performance, service quality and financial performance. We will continue to work with you in our shared ambition to improve healthcare for the local population and across the system. Finally, I would like to take this opportunity to thank you and your teams for the hard work and effort in your first nine months of operation.”

For the first year the letter reinforces the progress that has been made by the ICB, however it also shows that the organisation cannot lose focus or momentum on ensuring progress and delivery of the commitments made to benefit our population and fulfil the requirements of the organisation.

The Quarter 2 letter concludes:

“The discussions demonstrated a good sense of collective partnership ambition and a strong commitment to tackling the many issues facing the ICB. This was particularly noteworthy, given the significant change in the ICB’s leadership team that you are currently going through.

I think you have a lot to be proud of in terms of what you have achieved, and I and the team look forward to working with you over the coming year to help you consolidate and build on your achievements.”

4. Recommendation(s)

Members are asked:

- Note the content of this paper.
- Note the asks and identified areas for improvement.
- Note the progress on the actions outlined in the two letters.

5. Appendices:

Appendix 1 - ICB Letter from Clare Panniker – Annual Assurance

Appendix 2 - Letter from Clare Panniker – Quarter 2 Review

Appendix 3 - Action/update for each section of the Annual Assurance letter and the Quarter 2 review letter.

To: Mike Thorne
Chair
Mid & South Essex ICB

NHS England – East of England
2-4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

31 July 2023

Dear Mike,

Mid and South Essex Integrated Care Board - Annual Assessment 2022/23

NHS England has a legal duty, as set out in the Health and Care Act 2022, to undertake an annual assessment of Integrated Care Board (ICB) performance.

Integrated Care Boards were formally established on 1 July 2022 and this assessment sets out NHSE's consideration of how the Integrated Care Board has discharged its key statutory duties since establishment through the 2022/23 financial year. In making this assessment we have sought to acknowledge the relative infancy of ICBs, having only been statutory bodies for nine months of the 2022/23 financial year.

For 2022/23 NHS England has undertaken a narrative based assessment of Integrated Care Boards. This letter provides a summary assessment of Mid and South Essex ICB's delivery of its functions aligned to the four core objectives of an ICB, and its key duties. It also covers the ICB's role in providing and supporting leadership and effective governance across the system. In support of our assessment, we have also sought views from the relevant Health and Wellbeing Boards (HWBs) and their input is reflected in the assessment.

How effectively has the ICB led its system?

Mid and South Essex health system has worked collaboratively for a number of years with the leadership at the ICB bringing partners together to support improved outcomes for its population through a number of forums.

A System Oversight and Assurance Committee (SOAC) was established upon the formation of the ICB and is attended by all key stakeholders. We note that Transformation & Improvement Boards are in place for all key delivery areas - Cancer, RTT, Diagnostics, UEC etc.

A CEO forum has been set up where discussions and decisions are made to address key issues affecting the system take place. The three Chairs of the Health and Wellbeing Boards sit as Vice Chairs of the Integrated care partnership, and other senior officers, including Directors of Adult Social Care and Directors of Public health also attend.

Following the PWC review, three workstreams were established: Supporting Independence, Flow/Discharge and Workforce, each with a CEO sponsor. Good governance processes are in place to ensure a jointly owned operational plan, including a weekly meeting to develop the plan with attendance from all relevant system and operational leads.

The ICB has established clear leadership, governance, and accountability for health inequalities through the Population Health Improvement Board. This includes the designated Senior Responsible Officer (SRO) for Health Inequalities for Mid and South Essex ICB, supported by Clinical Leaders and the Associate Director Health Inequalities and Prevention.

Since its inception the Board met in public on six occasions during 2022/23, each meeting was well attended, and members provided oversight and scrutiny of performance, the delivery of ICB objectives and made well informed decisions to support the development of the ICB and the Integrated Care Partnership Strategy.

We note that some key strengths/achievements of this approach include:

- The development of an ICB strategy.
- Board development sessions to strengthen the board.
- Collaborative working and support from the three local authorities in the production of the Joint Forward Plan.
- Strong partnership working and collaboration with the four local alliances (Mid Essex, Basildon and Brentwood, South-East Essex and Thurrock) and the Community Collaborative.
- MSE Community collaborative selected to be in the first cohort of NHS England Provider Collaboratives Innovator Scheme.
- No specific control issues identified through internal assurance or internal audit reviews that undermine the integrity or reputation of the ICB or wider NHS.
- Good nurse leadership.

Areas for suggested future focus/improvement work for strengthening the ICB leadership approach include:

- Two audits, the 'Patient, Carer and Resident Engagement' audit and 'EPRR and Business Continuity' audit both received a 'Requires Improvement' assurance opinion with the key areas for improvement set out in the final reports.
- A number of data quality issues were identified during the year, some of which could have been picked up through the contract management route.
- At the time of the formation of the ICB, a restructure took place, and several appropriate senior appointments were made. However, further changes to the organisational structure are needed, and some senior posts still need a permanent appointment.
- A need to continue focus on quality improvement and improving outcomes.

How has the ICB involved and engaged clinical care professionals?

A key initiative of the ICB has been to put in place strong clinical engagement by way of an innovative approach of Stewardship, promoting multi-professional clinical leadership. The strengths of this approach are that it ensures clinical leadership and representation on all ICS boards and facilitates joint working with residents, community, and voluntary sector partners to explore innovative ways to support patients to avoid or reduce hospital admissions and stays. It also ensures clinicians are embedded within ICS governance which supports collective accountability for whole-system delivery.

A best practice example is the recruitment of forty-five emerging leaders from all areas of the system being enrolled onto an innovative leadership development programme in partnership with the NHS Leadership Academy.

It is suggested that the ICB further strengthen relationships between primary and secondary care clinicians in relation to use of specialist advice (formerly Advice and Guidance) and also engagement with clinicians in building confidence in the use of/referring to the virtual wards.

How has the ICB supported the aims of the NHS People Plan?

In the context of delivery of the NHS People Plan commitments, during 2022/23 we note that across all providers there have been sustained significant vacancies leading to an over-reliance on bank and agency staff to fill rotas. As a result, this has occasionally been to the detriment of the quality of care offered.

We acknowledge that both recruiting and retaining staff has been problematic in recent years, with shortfalls in primary care, nurses, support workers, allied health professionals and in some clinical specialities, medical vacancies.

During 2022/23, Covid-19 remained a challenge for the ICB, with staff across all partner organisations having to work in very different ways, impacting negatively on staff and further compounded issues with backlogs and increased waiting times to access treatment and services.

Key areas of achievement in the delivery of an improved workforce position include:

- The development of a partnership with Anglia Ruskin University, backed by Health Education England, to support education, training, and workforce development outcomes for Integrated Care Systems.
- A response rate 64% to the system's staff engagement survey.

For the ICB to make significant improvement in quality and patient safety it needs to address the on-going challenges with workforce capacity, retention, and staff experience, particularly following the resignation of the Executive Chief People Officer.

Specifically, the ICB has struggled with the Health Care Support Worker (HCSW) role and so to reduce attrition the HCSW Academy will be launched in May.

Finally, whilst steps have been undertaken at a senior level, including executive development and the establishment of a senior leadership group, it has been identified that a large proportion of staff still have development needs. We look forward to working with you going forward to support the addressing of these.

How has the ICB's governance facilitated effective decision-making?

During 2022/23, we note that the ICB Audit committee met on four occasions and focused on ensuring the review of the systems, policies, procedures, and processes fundamental to the governance of the organisation. The committee was involved with the development of the ICB's Board Assurance Framework (BAF) and maintains oversight of associated risk management processes and procedures.

The ICB has invoked the forecast outturn protocol process and consequently a revised financial position has been agreed with NHS England. System financial performance will therefore be a focus of work during 2023/24, which will require robust governance around decision making to manage the financial position going forward.

Further suggestions for improvement include a review of the development of the governance structure to ensure that there is effective challenge by all stakeholders specifically in the Transformation and Improvement Boards, there is a resulting impact on performance and assurance that decisions have been enacted.

How has the ICB embedded and shown regard for the triple aim?

In order to ensure achievement of the triple aim in Mid and South Essex, the ICB has established a MSE ICS Population Health Improvement Board with representation from partners across the system to drive an integrated approach to inequalities improvement. This board brings together the programmes of work across the ICS on Health Inequalities, Population Health Management, Prevention, Personalised Care and the Anchor Programme, and the work of the Children and Young People's Growing Well Board.

A Health Inequalities Delivery Group oversees the delivery of the programmes of work that support the reduction of health inequalities. It has cross organisational representation from NHS Providers, Local Authorities, Healthwatch, Public Health, Primary Care, and other NHS organisations.

In 2022/23 the Mid and South Essex ICB received additional Health Inequalities funding of £3.4m to support innovative partnership solutions around the Core20plus5 priorities that were identified as meeting local needs by the four Alliances.

An exemplar, the Clinical and Multi-Professional Congress, contributes to the overall delivery of the 'Triple Aim' of ICSs to deliver better health and wellbeing for everyone; better quality of health and care services; and sustainable use of health and care resources.

However, given that delivery of the triple aim is very much in its infancy it is recommended that the effectiveness of the congress committee needs further development, and we look forward to hearing of the future development and impact of this innovative work.

How has the ICB improved the quality of services and outcomes?

The ICB has inherited some historical and challenging issues with both the acute and mental health provider which has been exacerbated during and post the pandemic. However, in order to ensure the delivery of quality services and outcomes it is recognised that the ICB has stepped up its oversight of quality and patient safety issues through convening a Rapid Quality Review meeting followed by direct support, regular safety huddles and formal regular oversight meeting of these providers. Furthermore, the ICB published the 2023/24 Quality Strategy and Implementation Plan during 2022/23, which was extensively co-produced.

A CQC inspection of all three MSEFT maternity services resulted in the continued 'Requires Improvement' rating. The Maternity Improvement Programme provides oversight of the identified actions to address the CQC findings, as well as encompassing the recommendations of the Ockenden report and other national reports to help improve the quality of maternity services. There has been some improvement in maternity services in recent months as evidenced by recent NHSE visit and CQC Inspection, however maternity services remained at requires improvement.

Following adverse media attention featuring Essex Partnership NHS Trust (EPUT), the ICB and wider Essex partners continue to work closely with EPUT to ensure robust oversight of the quality and safety of care provided, particularly in response to recent significant quality concerns raised and the ongoing Essex Mental Health Independent Investigation.

It is recognised that MSE has been promoted as a trail blazer, both regionally and nationally, in relation to several of its older adult services and transformations. It works closely with services such as the Virtual Frailty Wards, urgent community response teams, the ambulance service, FIRST (functional older adult mental health team), CMHT, Dementia services, GP and inpatient to offer a holistic 'no wrong door' approach ensuring the multifaceted needs of older adults are met.

The integrated care planning tool for Older Adults, FrEDA (Frailty, end of life and dementia), represents national best practice and is recognised as an innovative approach which enables personalised care and support planning, allowing services to share information and plan together, and reducing the need for the patient to share their information multiple times.

For future continued focus there has been a high number of inappropriate out of area placements reported in 2022/23. Early indications suggest that the Clinical Taskforce, formed to resolve this issue, is proving successful and numbers are reducing.

How has the ICB delivered on the priorities set out in the 2022/23 planning guidance?

MSE ICB has been challenged in delivering some key targets as set out in the 2022/23 planning guidance such as delivery of recovery plans for UEC, cancer and diagnostics partly attributable to demand exceeding capacity.

However there have been areas of success as the ICB successfully reduced the number of patients waiting for hospital treatment to below 78 weeks by end of March 2023. The number of patients waiting 62 days or more following referral for suspected cancer were almost halved across the last six months of 2022/23.

Key achievements noted include:

- RTT – each system was required to achieve zero people waiting 104+ weeks, which was achieved in February 2023. MSEFT reported 20 in March 23, which was a significant improvement on the 1,031 reported in April 2022, and the ICB ultimately recorded forty-four.
- Cancer – good progress has been made with the introduction improved PTL management, allowing more accurate and timely tracking of cancer patients. The number of people waiting 62+ days on a cancer 62-day pathway, has decreased back down to the March 2022 level with MSEFT narrowly missing their nationally set trajectory for 31 March 2023.

- Diagnostics - good progress has been made with the reduction in the number of patients waiting more than six weeks for tests particularly in non-obstetric ultrasound where the numbers reduced from 5,394 in Dec-22 to 3,235 in March 23.
- UEC – improvements to support recovery of ambulance handovers times and delays. MSE are a front runner in the region in improved performance supported by the Access to the Stack and UCR programmes.
- NHS Talking therapies (formally known as IAPT (Improving Access to Psychological Therapies)), the 6 and 18 weeks waiting time standards for people referred to the IAPT programme to start treatment has been sustainably achieved across Mid and South Essex throughout 2022/23.

We would propose areas for continued focus and improvement include:

- RTT – despite the excellent progress made during 2022/23 to significantly reduce the number of long waiting patients the system needs to further develop the system’s ability to sustain the position.
- Cancer – year end position was 586 (62-day breaches) vs revised target of 568 – original target in 2022/23 planning submission was 310. None of the cancer constitutional standards were met.
- Diagnostics – 31% patients waiting 6 weeks vs 1% constitutional standard due to demand exceeding capacity, the performance and waiting times is 13+ weeks across most diagnostic modalities.
- UEC – A&E Type 1 consistently below the 95% standard, as at March 2023 performance vs the 4-hour standard was 63.3% with 189 x 12+ hour trolley breaches during 2022/23.
- Dementia diagnosis rate remains below standard with the GP practice dementia register size ranging between 60% to 61% of the estimated size throughout 2022/23 for Mid and South Essex.

We renew our commitment to continue to support the system in delivering improvements in these key performance areas and look forward to seeing progress being made.

How has the ICB developed its approach to population health management?

In developing its approach to Population Health Management (PHM) it is acknowledged that the ICB has established a population health improvement board supported by a PHM strategy which is being refreshed in line with the ICP Strategy. PHM analysis is being developed (segmentation model developed with outputs being defined) and health inequalities packs have been developed and shared. There are example PHM projects involving care pathway review in some PCNs with a plan to extend to all and resources have been developed to support continuous improvement across the PHM life cycle including an evaluation tool pack. There is an acknowledged interdependency between PHM and workforce development plans with PHM communications being developed.

In seeking to tackling unequal outcomes, access, and experience, the ICB has established a Health Inequalities Delivery Group to support the delivery of programmes. We note that Health Inequalities funding has also been locally ringfenced to ensure investment in approaches to reduce inequalities with the mobilisation of over seventy projects supporting a range of health needs and communities. We were particularly interested to see that the System has invested in evaluation to assess the outcomes from the health inequalities funding investment and feel this strongly demonstrates good practice and has great potential to support learning nationally.

The System has demonstrated clear commitment to addressing health inequalities and has regularly demonstrated implementation of best practice approaches, such as taking early steps to develop the System CORE20PLUS5 approach to Children's and Young People prior to the national launch.

The approach to addressing inequalities is strongly aligned to the CORE20PLUS5 approach for all ages. Innovative projects to supporting engagement and access have the potential to deliver improved outcomes for the most underserved communities, e.g., projects looking to improve access to services for Thurrock's Gypsy, Roma, Traveller, and Showman communities.

How has the ICB promoted involvement and choice for patients, their representatives, and the public?

During 2022/23 whilst developing the Integrated Care Strategy, the ICB engaged with a more diverse set of organisations and individuals than previously to contribute to the development of health and care plans.

To achieve this, the ICB brought together several groups to support and influence the work of the Partnership: Community Assembly; Independent and Private Providers' Network; and Community Voices Network.

How has the ICB restored services inclusively and reduced inequalities of access and outcome?

Clear progress has been demonstrated in the inclusive recovery of elective services, with action taken to understand and address inequalities by reducing barriers for example for working age women. We commend the efforts to reduce the gap in waiting times between the most and second most deprived areas by half in the last 12 months and encourage the ICB to continue these efforts as recovery work continues into 2023/24.

Work to deliver the MSE digital inclusion framework has progressed well, with projects such as the introduction of Cardmedic and the User Centred Design Letters project implemented this year.

How has the ICB promoted preventative programmes aimed at those at greatest risk?

In the promotion of preventative programmes aimed at those at greatest risk. overall good progress has been made in the delivery of Long-Term Plan ambitions for prevention.

We are pleased to note that the ICB now has a dedicated tobacco programme manager in post, to help support the delivery of NHS tobacco services, including Maternity services which are expected to commence in October 2023.

However, we also note that the system currently has the lowest number of eligible referrals to digital weight management in the region, with several PCNs making no referrals despite a relatively high population prevalence of obesity. We look forward to hearing of further uptake of this important service and we are reassured that the work of the new System weight management programme lead will support future delivery of weight management services, as a sustained focus on optimising the system offer across the weight management pathway would significantly contribute to long term action on population health and the challenge of addressing health inequalities.

We also acknowledge that improvements in the delivery of SMI and LD health checks have been demonstrated. We welcome the continued focus on improving the uptake and delivery of subsequent interventions in 2023/24.

How has the ICB balanced finances as a commissioner and a system leader?

In 2022/23 the system reported a financial deficit of £46.2m which was in line with their agreed system deficit. The ICB delivered a surplus of £16.9m in 2022/23 which partially offset the £63.2m deficit at Mid and South Essex Foundation Trust. During 2022/23 the system invoked the forecast outturn protocol process and consequently deteriorated their financial plan position which was agreed by NHS England. The key deficit driver was delivering only 54% of the planned £84m efficiency savings, a shortfall of £38.4m. The biggest single challenge related to reducing reliance on temporary staffing, and associated costs premia, at MSEFT.

How has the ICB delivered against its efficiency plans?

Improving delivery against efficiency schemes remains a key element within system plans to return to a stable financial position. We acknowledge and commend the work undertaken by the ICB to address this by taking forward a System approach to financial recovery. We encourage the ICB to continue with these efforts and work towards a longer-term sustainable system financial position.

How has the ICB facilitated, promoted, and used research, technology and innovation?

The ICB have an established track record of innovation, with the Mid and South Essex Innovation programme (operating at a system level) now in its fourth year. The MSE innovation team continue to work collaboratively with partners, such as the local Academic Health Science Network University College London Partners, HealthTech Enterprise, Health Education England, Accelerated Access Collaborative, and local universities such as Anglia Ruskin University with whom they deliver a successful workforce development programme focusing on clinical innovation.

Advances have also been seen with a single EPRR system, shared care records and the Patient Engagement Portal. These will provide benefits to the system and to patient care.

We also look forward to hearing about further work being undertaken around research and innovation in MSE as very little has been highlighted in the Joint Forward Plan. This is likely to be mitigated through the development of a Research and Innovation strategy by October 2023.

How has the ICB contributed to the wider strategic priorities of its ICS?

Finally, it is acknowledged that the ICB published their Integrated Care Strategy in Jan-23 which reflects both ICS, community and partner priorities and outlines a joint theme of reducing inequalities, as a common endeavour. Focus is on the outcomes to achieve in reducing health and care inequalities for their citizens and the journey of how it will be achieved. Integrated Neighbourhood Teams have been developed enabling health, social care, and voluntary sector organisations to work collaboratively at local level using an asset-based approach to deliver the wider strategic priorities.

The MSE Community Collaborative (Provide, NELFT & EPUT), who have now worked collectively for two years, published their annual report in Dec-22 highlighting achievements to date across six priority outcomes. The purpose of the collaborative is to deliver outstanding care, with additional strength in coming together to provide services across the system.

Four local Alliances, working with the Directors of Public Health in Essex County Council, Southend City Council and Thurrock Council and their teams identify and target support to those communities most in need.

It is also acknowledged that MSE ICB and the ICS are committed to delivering on the Greener NHS commitment of being net carbon zero by 2040 (scopes 1 and 2) and 2045 (for scope 3), with a system-wide Greener Plan in place.

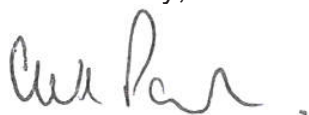
Summary

It has been clear that the ICB successfully transitioned on the 1st July 2022, and over the following nine months has undertaken a significant programme of work to develop key areas such as governance, leadership, and quality. Through the ICB quarterly reviews we have seen progress being made, however it is clear that there are still a number of challenges to be overcome, particularly in operational performance, service quality and financial performance. We will continue to work with you in our shared ambition to improve healthcare for the local population and across the system.

Finally, I would like to take this opportunity to thank you and your teams for the hard work and effort in your first nine months of operation.

Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,



Clare Panniker

Regional Director

NHS England – East of England

Cc Anthony McKeever, CEO, Mid & South Essex ICB
Simon Wood, Executive Director for Mid & South Essex ICB and Director for Strategy & Transformation, NHS England – East of England

To: Anthony McKeever
CEO
Mid and South Essex ICB

Michael Thorne
Chair
Mid and South Essex ICB

NHS England – East of England
2-4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

21 August 2023

Dear Mac and Mike,

Mid and South Essex (MSE) Q2 ICB Review Meeting – 24 July 2023

I wanted to drop you a short note following the wider annual review meeting of Mid and South Essex ICB that we held on 24 July, which I very much appreciated.

We have recently completed our annual assessment of the ICB and sent you the outcome of that assessment, which covers all the nationally mandated requirements of ICBs. Rather than replicate that process, we wanted the wider annual review meeting to be a broader discussion with all the key ICB partners, so we could get a better feel for the sense of partnership working and how those partners viewed the ICB.

You had clearly understood what we were after and put together a helpful agenda with lots of input from key partners.

The discussions demonstrated a good sense of collective partnership ambition and a strong commitment to tackling the many issues facing the ICB. This was particularly noteworthy, given the significant change in the ICB's leadership team that you are currently going through.

Given the nature of the meeting I do not propose to go into the detail of the discussion in this letter, but I have attached some notes from the meeting in case those are a helpful reminder.

I would just like to reiterate what I said at the end of the meeting, which is that I think you have a lot to be proud of in terms of what you have achieved, and I and the team look forward to working with you over the coming year to help you consolidate and build on your achievements.

Yours sincerely,



Clare Panniker
Regional Director – NHS England (East of England)

Mid & South Essex ICB Q2 Review Meeting
24 July 2023
Marconi Room, Chelmsford Civic Centre, Duke Street, Chelmsford, CM1 1JE

Welcome & introductions (Mike Thorne & Non-Executive Members)

Claire Panniker (CP) explained the Review meeting was an opportunity to have an in-depth discussion with partners and ICB colleagues one year on from the formation of MSE ICB. The meeting would focus on progress and determine how NHS England, regionally and nationally, could support the team going forward.

Mike Thorne (MT) welcomed attendees who provided introductions for the benefit of new members of the team. Apologies from absent colleagues were noted and congratulations offered to NED Neha Issar-Brown who gave birth to a son last week.

Mike Thorne, MSE ICB:

- Outlined the aspirations of MSE to work in partnership with providers, to gain trust and be honest in communications and, in doing so, reflect on the Board's own performance.
- Noted the upcoming changes in leadership at MSE, welcomed incoming team members and acknowledged upcoming recruitment, including a replacement for Mac.
- Highlighted the successful team approach at Board meetings and thanked colleagues for their honest contributions to ensure the best outcomes for MSE's population.
- Recognised challenging areas where regional support would be welcomed:
 - Financial outlook for MSE (including additional pressures from Weathersfield)
 - Review of community capacity (St Peter's)
 - Quality issues in relation to Primary Care (potential reconfiguration of PCNs)
 - Confidence issues regarding hospitals (CQC)
- MT asked NED colleagues to provide highlight reflections on the Board/MSE.

George Wood (NED):

- Impressed with Alliance Directors
- Ambition to make MSE a place of choice to work for overseas workforce – includes a need to look at Estates strategy in partnership with Public Sector colleagues.
- Recognised the need to self-generate funding to support the prevention agenda and facilitate transformation.
- Welcomed the open, transparent, and can-do attitude of the Board.

Shahina Pardhan (NED) highlighted reduction in ophthalmology waiting lists as an example of the success of the partnership Board approach.

Mark Bailham (NED) welcomed willingness of the Board to challenge, listen and respond.

Geoffrey Ocen (NED):

- Appreciated the values and culture demonstrated by the Board since joining.
- Welcomed opportunity to make a real difference in population health equity and the prevention agenda.
- Noted importance of Alliances

MT recognised the need to drive improvement and progress within the context of the financial challenges, risks, and changes to leadership.

CP asked attendees to consider examples of partnership working at a system level and examples of how MSE have tackled difficult decisions at an individual/provider level to support the wider system.

Partner perspectives

Ian Wake (IW), Thurrock Council:

- Commended MSE for allowing LA partners 'a seat at the table' demonstrating their commitment to system working.
- Recognised the joint forward plan as an excellent example of partnership working.
- Highlighted the need to further use prevention as a tool in the reduction of health inequalities.
- Welcomed that the Council felt to be an equal partner on the Board and commended work on the single Integrated Care Strategy and the work of the Alliances.
- Highlighted the joint recruitment with providers to key posts, partnerships that had been hugely valuable.

CP asked for an update on planned 4 Integrated Care Hubs. IW explained 1 is open, Business Cases are with NHSE for a further 2 and the final hub is going through some redesign work to make it a more affordable scheme.

Simon Wood (SW) asked how NHSE could support in this space. ICB colleagues said that help in securing a definitive answer and any additional rationale would be appreciated in order to expedite the process. **ACTION: NHSE**

Peter Fairley (PF), ECC

- Commented that ICB meetings work well.
- ICB colleagues had provided an excellent induction to LA colleagues.
- Noted strong contribution from Alliances and benefits of joint delivery roles.
- Happy to see focus on strategic development and public health.
- Challenges have included concerns around the role of CYP and MH within the ICB restructure. Discussed with Mac – structures were reprofiled and due to be published 24 July. Example of ICB listening and responding to partners.
- Felt utilisation of Better Care Fund had worked well at an Alliance level but more to do at an ICB level.
- Noted financial challenges.

CP asked the team to consider the extent of how MSE had progressed relating the Better Care Fund. Mac outlined the work of the community task force and the CEO forum to evaluate how previous spend could be deployed this year in addressing some of the issues around community setting, workforce, discharge, social care. Mac also highlighted work with Deloitte and ongoing work with NHSE on Virtual Wards, noting performance is improved over the past 12 months. Mac recognised further work to be done.

Ru Watkins (RU), Co-Chair, VCSE Assembly

- Explained VCSE representation joined the ICB approximately 6 months ago and felt the ICB was continuing to learn the value of the VCSE contribution.
- Opportunity for ICB to leverage better communication networks from VCSE and ability to operate more quickly and in a more agile way.
- RU felt there were opportunities for learning on both sides.

Improving access and outcomes for our population:

Dr Ronan Fenton (RF) & Dan Doherty (DD), MSE ICB – Primary Care Recovery Plan and Implementing INTs

- Noted the real and tangible opportunity to leverage broad population needs and involve community care, our populations, the voluntary sector and social care AS WELL AS primary and secondary care.
- Highlighted the benefits of the Integrated Neighbourhood Teams that are being set up in all 4 Alliances.
- Recognised boundary issues that need to be resolved and the need to change the language and focus from PCNs to the Integrated neighbourhood Teams.

CP asked how RF saw the distinction between PCN and INTs. RF felt that focus of the PCNs remained around PC transformation, implementation of Fuller etc... while the INTs had a wider remit relating to population health management.

SW was interested to learn where the MSE was in relation to the setup of INTs. RF explained that there may be a need to realign some of the geography of current PCNs and would welcome NHSE support **ACTION.**

Barry Frostick (BF), MSE ICB – Digital

MT thanked BF for work to date in transforming the digital agenda in MSE.

- **BF to update SW on Demand and Capacity work outside the meeting ACTION.**
- Shared Care Record – BF provided an overview and example from EEAST on where the SCR will make real differences to patient experiences and outcome. The service is due to launch in September.
- Electronic Patient Records (EPR) – recommendations from MSE to JIC on Friday 28 July with a view to procurement process beginning in August. MSE to be first in country. CP asked for detail on timeline – will take to March/April 26 to deploy.
- Patient Knows Best – has been integrated to NHS App, will incorporate acute setting letters in September and diagnostics from February 2024. Available across MSE.

Paul Scott, EPUT – Mental health emergency

- Noted EPUT's system role, system funded MH ED had seen over 500 people since inception resulting in a 40% drop in MH presentations at main ED in Basildon, noted work to evaluate after discharge is ongoing.
- MH Ambulance Car has also seen approx. 500 people resulting in stopping 80% of those seen in presenting at ED.
- Work with Essex Police is ongoing – working together to reduce S136 interventions (approx. 20% reduction)
- Partnerships with patients and families has been crucial in supporting the development of MH strategy.

CP highlighted the importance of maintaining public and stakeholder trust in view of the expected news in the Autumn. CP asked how the Board had discussed the management of this.

PS highlighted:

- Support for proposed improvements
- Support for managing engagement with MPs and Chairs of Health & Well Being Boards
- Support working with families and patients and involving them in decision-making.

CP also recognised the need to support staff through this process and highlighted NHSE is ready to help.

Andrew Pike, MSEFT - clearing longest waiters

- Noted efforts at MSEFT to address issues identified by CQC. Highlighted progress to date may result in warning notice being lifted.
- Updated on progress in clearing waitlist and improvements in Ambulance waiting times but much more to do, noted impact of Industrial Action on figures.

CP noted positive progress and asked if ICB colleagues were assured that improvements were sustainable moving into winter. AP explained that leadership changes, ensuring resource was in the right place and improved standards provided confidence that actual change had happened.

MT wished to record gratitude to all those staff in MSE for working through the challenges of the Industrial

Preparing for Winter

Karen Wesson, MSE ICB & Andrew Pike, MSEFT – UEC plans

- Noted UEC Recovery plan would be presented to the ICB Board in August 2023. Draft copies of the plan had been shared with NHSE representatives and NHSE would receive the final plan once finalised and ratified by the MSE Board.
- Flagged ongoing discussions around capacity monies – to be discussed at upcoming Board meeting to establish amounts available for winter funding.
- Highlighted ongoing work relating to establishing alternatives to presentation at ED, modelling due to begin to right-size options.

Dr Matt Sweeting & Dan Doherty, MSEFT – Out of hospital plans and TOCH implementation

- Summarised plans for IMC focus on stroke beds, noting Board are finalising plans for this winter.
- [Highlighted estate challenge relating to St Peter's and request for support from NHSE.](#) **ACTION**
- Important to note opportunity to link St Peters with developments in PC and community provision in Maldon.

CP asked if there were tangible changes that we can reference in this space?

The team confirmed positive benefits coming from work on the Community taskforce and the Virtual hospital programme.

- Virtual Hospital programme cited an example of secondary care advice and guidance having a real impact on community health provision.
- Noted introduction of community hub model had assisted in moving towards collaborative, system-based working.

CP asked the team to consider if the changes and progressions discussed were feeding into changing clinical behaviours in the primary and secondary care settings.

RF noted the providers and ICBs are beginning to see these changes. He believed that an ongoing commitment to the current direction of travel would continue to see a shift in attitudes. RF also believed the full benefits of the Virtual Wards programme were yet to be realised.

AP highlighted an opportunity to further analyse some of the statistics around Sunday discharge and work collaboratively to reduce some of the risks in this space.

Challenges & Opportunities

Anthony McKeever, MSE ICB – Financial Recovery

- Noted that much of the progress and improvement had yet to feed through to financial situation/performance.
- The Board believed improved collaboration had resulted in much stronger assurance and controls.
- Highlighted the work of the CEO forum to work together on a single version of the truth.
- Summarised plans for a system PMO to take on work currently being done by Moorhouse to support in this this space.
- Assured that robust workforce controls in place and exploring the impact of these controls.
- Regular accountability reviews taking place reporting into financial assurance boards.

Zoe Pietrzak (ZP) encouraged the ICB to continue to progress with work to date to manage the challenging financial position. ZP also indicated that it was reassuring to hear finance discussed throughout the meeting, highlighting the importance attached to managing the challenges.

MSE colleagues confirmed to CP that work on outpatient transformation was ongoing and that positive progress has been made.

Ruth Jackson (RJ), MSE ICB – Workforce

- Summarised the significant progress in reducing workforce vacancies from 12 months previous and noting further 250-300 WTE reduction from incoming undergraduates.
- Highlighted workforce workshops and workforce summit which discussed utilising staff in a different way, particularly in the acute and mental health setting.
- Current reliance on international recruitment highlighted as a risk as unsustainable in long term.
- Discussed Healthcare Support Worker scheme with Writtle College to create a pipeline of future staff.
- Also highlighted commitment to strengthening and developing apprenticeship scheme, as well as working with other bodies e.g., Princes Trust and Halo Trust.
- Highlighted higher levels of bank and agency staff as a risk.

CP asked Ruth to expand on some of the retention issues seen in MSE and to discuss their ability to transact some of the opportunities discussed.

- RJ outlined how data modelling is being used to work with providers to focus on immediate challenges of the next 4-6 weeks in ensuring that MSE mitigate against risks of a potential reduction of 21% in nursing undergraduates in the coming years by growing the pipeline and maximising opportunities to grow the Support Worker academy.
- Also, recognition of the need to invest in clinical support to mitigate against losing undergraduates in the first 24 months.

SW highlighted that, from conversations outside this meeting, it appeared that robust workforce controls were now in place but asked if there were further steps that providers should be taking to manage workforce challenges, noting the importance of earlier points of discussion of setting out Essex as a go to place for healthcare workforce. [SW would welcome the opportunity for NHSE to further engage with MSE on this work.](#) **ACTION.**

Phil Carver (PC) urged MSE colleagues to press ahead with the work outlined to the meeting to capitalise on the timeframe.

Frances Bolger (FB) & Giles Thorpe (GT), MSE ICB – quality

Key challenges identified as:

- Workforce
- Working together to the same aim – relationships
- Managing risk ownership across the systems
- Maternity services

GT encouraged by conversations, focused on driving forward actions and underpinning methodology on Quality Improvement, ensuring MSE acts proactively with strong clinical leadership supported by strong operational leadership.

Catherine Morgan (CM) reiterated the importance of moving from a reactive strategy on quality to a more proactive stance to support person-centred care.

Closing remarks – Mike Thorne, Mac McKeever, and Clare Panniker

Mike Thorne. MSE ICB

- Formal note to recognise Mac's contributions to the success of MSE. Focus on finding a replacement with the same drive and passion.

- Where next? A partnership without boundaries, welcoming ideas (regardless of where they are from) to serve our populations.
- Ensure our decisions are seen through by us and our organisations.

Anthony McKeever, MSE ICB

- Objectives for next 6 months set and agreed by CP and the Board, focus on:
 - Money
 - Restructure
 - Workforce
 - Primary Care
 - Integrated Neighbourhood Teams
 - Providing Continuity and continuing to bud momentum for MSE.

Clare Panniker, NHSE

- Hugely encouraging to hear consistency around partnership message.
- Recognition of the Alliances as important platforms for delivery
- Considerable improvements in MH space and recognise need to support EPUT through Inquiry
- Encouraged to hear improvement in Acute performance but need to ensure consistency and prepare for the future.
- Recognition that risks relating to finance and workforce will lead to quality issues so need to mitigate.
- Encouraged by digital progress.
- Keep moving forward.
- NHSE will work to support MSE though challenges and period of change.
- Thanks to outgoing team members and welcome to new team members. Thanks to all for their contributions.

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Leadership			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	Other comments/performance improvement data to demonstrate etc
'Patient, Carer and Resident Engagement' audit received a 'Requires Improvement' assurance opinion with the key areas for improvement set out in the final reports.	Claire Hankey	Update to be taken to the Audit Committee 10 Oct (prepared by 21 Sept). Several actions have already been completed and there is a plan in place to deliver the outstanding ones.	
'EPRR and Business Continuity' audit received a 'Requires Improvement' assurance opinion with the key areas for improvement set out in the final reports	Karen Wesson	Paper taken to July 2023 Audit Committee has now moved to substantial compliance with actions ongoing to move to fully compliant	
A number of data quality issues were identified during the year, some of which could have been picked up through the contract management route.	Barry Frostick	Data Quality meetings have been held with providers and processes put in place to resolve issues as identified with providers.	
Quarter Two Action BF to update SW on Demand and Capacity work outside the meeting ACTION.	Barry Frostick	This has been completed.	
At the time of the formation of the ICB, a restructure took place, and several appropriate senior appointments were made. However, further changes to the organisational structure are needed, and some senior posts still need a permanent appointment.	Anthony McKeever	Restructure continues following national requirement on running cost reduction. Executive posts recruitment continues.	Executive posts out for advert Chief Nurse now in post Strategy Exec Director appointed – waiting start date
A need to continue focus on quality improvement and improving outcomes	Giles Thorpe	System level quality improvement programme to be scoped in line with partners. Development of quality dashboards continues within ICB, shared with Quality Committee members. Further dashboards in development that focus on key quality outcomes.	
Clinical Involvement and Engagement			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	
ICB further strengthen relationships between primary and secondary care clinicians in relation to use of specialist advice (formerly Advice and	Karen Wesson	Uptake and communications to Primary Care on turnaround times for A&G/Specialist Advice is being developed in line with Job plans for the acute – this is overseen by the Elective Care Board and SOAC.	

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Guidance)		
Engagement with clinicians in building confidence in the use of/referring to the virtual wards.	Ronan Fenton Matt Sweeting	Virtual Ward is part of the Chief Executive Flow Programme
NHS People Plan		
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update
At the time of the formation of the ICB, a restructure took place, and several appropriate senior appointments were made. However, further changes to the organisational structure are needed, and some senior posts still need a permanent appointment	Lisa Adams	We are currently undertaking a comprehensive programme of executive recruitment, working at pace to fill key roles in the Executive Team. We have been successful in appointing a substantive Executive Chief Nursing Officer and Executive Director of Strategy & Corporate Services. During September, we hope to appoint into the substantive Chief Medical Director and South-East Essex Alliance Director roles. Despite a further search and interview process, we have not yet appointed a substantive Executive Chief People Officer. Our Interim CPO will continue to provide leadership in this space. We have now shortlisted for the position of our new Chief Executive and the panel will be held at the end of September. For each of these appointments, we have introduced stakeholder panels into the process, exposing candidates to the need to work across a system and giving our colleagues right across the ICS, the opportunity to interact with potential senior appointees
In the context of delivery of the NHS People Plan commitments, during 2022/23 we note that across all providers there have been sustained significant vacancies leading to an over-reliance on bank and agency staff to fill rotas. As a result, this has occasionally been to the detriment of the quality of care offered. We acknowledge that both recruiting and retaining staff has been problematic in recent years, with shortfalls in primary care, nurses, support workers, allied health professionals and in some clinical specialities, medical vacancies. For the ICB to make significant improvement in quality and patient safety it needs to address the on-going challenges with workforce capacity, retention, and staff experience, particularly following the resignation of the	Lisa Adams	<p>Membership of the People Board has been renewed and its agenda and workstreams reshaped to reflect:</p> <ol style="list-style-type: none"> 1. The recent launch of the National Workforce strategy, which comes with a requirement for ICBs to lead their system on longer-term strategic workforce planning; 2. The pressing shorter term needs of the MSE ICS with respect to workforce, picked up in Clare Panniker’s letter; 3. The need for a broader offer to employees to motivate talented people to work in MSE ICS and thus reduce turnover. <p>The areas of focus on workforce shown in the table are closely aligned to actions agreed at the Workforce Summit in June 2023 and will help to accelerate the pace and success of those.</p> <p>The People Board will continue to have broad oversight of all 10 People functions of the ICB but in the twelve months from September 2023 focus on two key workstreams:</p>

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<p>Executive Chief People Officer. Specifically, the ICB has struggled with the Health Care Support Worker (HCSW) role and so to reduce attrition the HCSW Academy will be launched in May.</p>		<p>1. Right Workforce at the Right Cost</p>	<p>2. Great Place to Work & Build a Career</p>
		<ul style="list-style-type: none"> ✓ Work with the professions to understand and articulate the implications of the new National Workforce Strategy on the MSE workforce plans for the next 5-10 years. 	<ul style="list-style-type: none"> ✓ Cross-system recruitment campaigns to attract people into health, care and the voluntary sector in MSE. Make health and care the first choice for local employment by leveraging our organisations and anchor institutes with a strong employment brand/offer.
		<ul style="list-style-type: none"> ✓ Drive commitment to key apprenticeship schemes across health and care sectors. 	<ul style="list-style-type: none"> ✓ Roll-out and embed the Academy/Recruitment hub model, starting with HCSW recruitment and induction then scaling.
		<ul style="list-style-type: none"> ✓ Accelerate uptake of those roles that will transform capacity e.g. ACPs, PAs, ARRs 	<ul style="list-style-type: none"> ✓ Accelerate commitment to flexible working via the roll-out of self-rostering and equivalent schemes.
		<ul style="list-style-type: none"> ✓ Financial grip: Oversee sharp reduction in bank and agency spend (at a minimum to achieve plan and compliance). ✓ 	<ul style="list-style-type: none"> ✓ Unlock movement of staff via an MOU to be adopted by all stakeholder organisations.
		<ul style="list-style-type: none"> ✓ Financial grip: Further strengthen workforce datasets and evidence. The overall data model has been successfully locked down but SOAC will require more drilling down of the data beyond the high level numbers to understand 	<ul style="list-style-type: none"> ✓ Community Academy – A project with Anglia Ruskin to build a community of learning for people working and training in health and care (includes expansion of legacy nurse programme to AHPs and the Social Care workforce and an

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		<p>progress against plan and in particular the relationship between staff in post/vacancies/turnover and costs.</p>	<p>exchange/shadowing scheme between primary, secondary and community care).</p>
			<p>✓ Roll-out of EDI strategy aligned to national EDI strategy.</p>
			<p>✓ Identifying those levers that promote a culture of safeguarding and accountability e.g. programmes to foster ‘Speaking Up’ and robust due diligence around recruitment and other HR processes and policies).</p>
<p>Finally, whilst steps have been undertaken at a senior level, including executive development and the establishment of a senior leadership group, it has been identified that a large proportion of staff still have development needs. We look forward to working with you oing forward to support the addressing of these</p>	<p>Lisa Adams</p>	<p>The transition work that we are undertaking to support the organisation restructure, includes work to move staff into an operating model that reflects the new structure. The transition plan includes work to look at the skills and capabilities that will need to be different if we are to deliver effectively with a substantially reduced workforce and this, along with annual development conversations, will help identify priority areas for staff development.</p>	
<p>ICB Governance and Decision-making</p>			
<p>Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.</p>	<p>Exec Lead</p>	<p>Update</p>	<p>Other comments/performance improvement data to demonstrate etc</p>
<p>The ICB has invoked the forecast outturn protocol process and consequently a revised financial position has been agreed with NHS England. System financial performance will therefore be a focus of work during 2023/24, which will require robust governance around decision making to manage the financial position going forward.</p>	<p>Jen Kearton</p>	<p><i>The ICB have mobilised a central PMO which reports into the Chief Executive Officer’s Forum, providing oversight and review of performance against the collective efficiency challenge for the MSE financial System. Our Financial Recovery work is being reviewed through internal governance and aligned to our Medium-Term Financial Plan in draft for September request. The system is working to ensure compliance with pay and non-pay controls is in place and being reported on through to our System Oversight and Assurance Committee.</i></p>	

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Review of the development of the governance structure to ensure that there is effective challenge by all stakeholders specifically in the Transformation and Improvement Boards, there is a resulting impact on performance and assurance that decisions have been enacted.	Karen Wesson	The Boards have been strengthened with engagement and involvement of wider partners. Accountability reviews were commenced as well in 2023/24 for those areas with continuous under performance or not meeting trajectories.	August 2023 Accountability Reviews to date: <ul style="list-style-type: none"> • Elective and outpatient • Mental Health and CAMHS • UEC • Community Collaborative • Maternity
ICB embedded and shown commitment to the Triple Aim			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	Other comments/performance improvement data to demonstrate etc
The effectiveness of the congress committee needs further development, and we look forward to hearing of the future development and impact of this innovative work.	Matt Sweeting	A coordinator for primary and secondary care research has been appointed and we are continuing to work with ARU on a joint community research strategy. We have held a clinical leaders engagement event and a follow up meeting is planned. Research champions have now been appointed for all areas and are working to support primary care research-active practices.	The stakeholder initial engagement is now completed and a draft has been produced and shared for comments on the system-wide research strategy. Further engagement and final strategy production is due in Q3 and running to plan.
Improved Quality and Outcomes			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	Other comments/performance improvement data to demonstrate etc
For future continued focus there has been a high number of inappropriate out of area placements reported in 2022/23. Early indications suggest that the Clinical Taskforce, formed to resolve this issue, is proving successful and numbers are reducing.	Karen Wesson	Update on progress of Out of Area placements is being presented at September 2023 SOAC further building on the update provided at the Accountability review.	
Delivered on Operational Planning requirements 2022/23			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	Other comments/performance improvement data to demonstrate etc
RTT – despite the excellent progress made during 2022/23 to significantly reduce the number of long waiting patients the system needs to further develop the system’s ability to sustain the position.	Karen Wesson	Through the Tier 1 (national meetings), the Trust with ICB colleagues are reviewing the waiting list to ensure that there is a 79 year plan to continue with	August 2023 Accountability Review - Elective and outpatient

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		improvements and develop a sustainable approach.	Reporting and oversight of performance is via the Board Performance Paper and through associated sub-groups for example System Oversight and Assurance Committee
Cancer – year end position was 586 (62-day breaches) vs revised target of 568 – original target in 2022/23 planning submission was 310. None of the cancer constitutional standards were met.	Karen Wesson	Through increased focus driven by the Tier 1 meetings with the National team there is a clear trajectory to meet the 2023/24 trajectory set nationally. The Trust are reporting (Tier 1 meeting 5 September 2023) an improvement to this plan.	August 2023 Accountability Review - Elective and outpatient Reporting and oversight of performance is via the Board Performance Paper and through associated sub-groups for example System Oversight and Assurance Committee
Diagnostics – 31% patients waiting 6 weeks vs 1% constitutional standard due to demand exceeding capacity, the performance and waiting times is 13+ weeks across most diagnostic modalities.	Karen Wesson	Diagnostic performance is improving within MSEFT however there are a number of challenged modalities. Diagnostic performance of Tier 2 providers is now visible via DM01 reporting however there are long waits that the ICB are working with the providers on improvement trajectories.	August 2023 Accountability Review - Diagnostics Reporting and oversight of performance is via the Board Performance Paper and through associated sub-groups for example System Oversight and Assurance Committee
UEC – A&E Type 1 consistently below the 95% standard, as at March 2023 performance vs the 4-hour standard was 63.3% with 189 x 12+ hour trolley breaches during 2022/23.	Karen Wesson /Sam Goldberg	For 2023/24 the UEC Board are overseeing the improvement of performance with MSEFT committing to delivery of stretch targets as part of the 2023 Winter Plan. Mid and South Essex Foundation Trust have trajectories across the three hospital sites to deliver 80% of patients seen, admitted and discharged within four hours by March 2024. However, trajectories have been adjusted in line with improvement programmes/schemes to deliver 80% in Quarter Four of 2023.	August 2023 Accountability Review – Urgent and Emergency Care Reporting and oversight of performance is via the Board Performance Paper and through associated sub-groups for example System Oversight and Assurance Committee

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Dementia diagnosis rate remains below standard with the GP practice dementia register size ranging between 60% to 61% of the estimated size throughout 2022/23 for Mid and South Essex.	Alliance Directors		August 2023 Accountability Review – Mental Health Reporting and oversight of performance is via the Board Performance Paper and through associated sub-groups for example System Oversight and Assurance Committee
Population Health Management			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	Other comments/performance improvement data to demonstrate etc
No specific asks			
Involvement and Choice			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	Other comments/performance improvement data to demonstrate etc
No specific asks			
Restored Services			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	Other comments/performance improvement data to demonstrate etc
No specific asks			

Preventative Programmes			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	Other comments/performance improvement data to demonstrate etc
The system currently has the lowest number of eligible referrals to digital weight management in the region, with several PCNs making no referrals despite a relatively high population prevalence of obesity. Work of the new System weight management programme lead will support future delivery of weight management services, as a sustained focus on optimising the system offer across the weight management pathway would significantly contribute to long term action on population health and the challenge of addressing health inequalities.	Alliance Directors	Time to Learn educational sessions for each Alliance planned for September. Will clarify available weight management options that are available across MSE. Also, promotion of Enhanced Service payment. New dashboard (Athena) launched which provides more accurate data and will enable Alliances to identify and work with outliers more quickly.	A range of weight management options are available in MSE, against a backdrop of varying digital deprivation. Whilst the referrals into the digital weight management service are low there are approximately 200 referrals per month across MSE into alternative Tier 2 programmes.
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		Working on a process across MSE so that eligible individuals on Tier 3 waiting list referred to digital weight management. Linking with the Blood Pressure at Home initiative to increase referrals.	
SMI checks have been demonstrated. We welcome the continued focus on improving the uptake and delivery of subsequent interventions in 2023/24.	Alliance Directors		With the launch of our Integrated Primary Care Community (IPCC) programme to deliver mental health services more holistically without organisational barriers between primary care, secondary care and the voluntary sector the way we deliver health checks for people with SMI is improving with a focus on ensuring consistency and a harmonisation of the service offer across the alliances. As part of the IPCC programme a Physical Health Team pilot begun with Healthcare Assistants recruited to provide physical health checks that are compliant with QOF indicators for mental health.
LD health checks have been demonstrated. We welcome the continued focus on improving the ptake and delivery of subsequent interventions in 2023/24.	Alliance Directors	Detailed update per Alliance being taken to the September 2023 SOAC Board.	
Balanced Finances and Efficiency			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	
ICB to continue with these efforts and work towards a longerterm sustainable system financial position	Jen Kearton	Work is underway on the systems Medium Term Financial Plan, this will provide clarity as to the challenges faced over the coming years the actions required to deliver a sustainable financial position. This will be underpinned by demand and capacity work with our focus being on continual triangulation of Workforce, Activity and money.	
Facilitated and Used Research and Technology			
Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.	Exec Lead	Update	Other comments/performance improvement data to demonstrate etc
Work being undertaken around research and innovation in MSE as very little has been highlighted in the Joint Forward Plan. This is likely to be mitigated	Matt Sweeting	A coordinator for primary and secondary care research has been appointed and we are continuing to	The stakeholder initial engagement is now completed and a draft has been produced

Agenda item 10 - Appendix 3

<p>through the development of a Research and Innovation strategy by October 2023</p>		<p>work with ARU on a joint community research strategy. We have held a clinical leaders engagement event and a follow up meeting is planned. Research champions have now been appointed for all areas and are working to support primary care research-active practices.</p>	<p>and shared for comments on the system-wide research strategy. Further engagement and final strategy production is due in Q3 and running to plan.</p>
<p>Wider Strategic Priorities</p>			
<p>Ask from Annual Assurance Letter – where action has arisen from Quarter Two review this is shown.</p>	<p>Exec Lead</p>	<p>Update</p>	<p>Other comments/performance improvement data to demonstrate etc</p>
<p>No specific note</p>			

Part I ICB Board meeting, 28 September 2023

Agenda Number: 11

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

Dr Giles Thorpe, Executive Chief Nursing Officer.

3. Report Author

Dr Giles Thorpe, Executive Chief Nursing Officer.

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

Not relevant to this report.

8. Details of patient or public engagement or consultation

Not 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 the ICB Quality Committee.
- Receive assurance that mitigating actions are being undertaken to address concerns.
- Note the recent communication received regarding the appointment of a new chair to the Essex Mental Health Inquiry.

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, and highlighted to the ICB Quality Committee.

2. CQC Recommendations Progress on Action

- 2.1 The ICB Quality Committee was updated on the updated improvement plans from both Mid and South Essex NHS Foundation Trust (MSEFT) and Essex Partnership University NHS Foundation Trust (EPUT) following multiple Care Quality Commission (CQC) Inspections.
- 2.2 The MSEFT improvement plan actions relate to the domains of well-led, safe, effective, and responsive and include legacy actions dating back to 2020. A dashboard is expected to be presented to the System Oversight and Assurance Committee (SOAC) on 11 October 2023, with the Quality Committee receiving it on 27 October 2023. The Board is asked to note the Trust's Evidence Assurance Group and Evidence Review Group will test all evidence and agree assurance against all actions identified.
- 2.3 The EPUT improvement plan was submitted to the CQC during August 2023, incorporating multiple inspections over the past ten months. The overarching plan has been developed with KPMG with a focus on improvement actions being owned by leaders closer to services, rather than driven by the Executive Team. A quality assurance framework has been developed and the ICB Executive Chief Nurse will chair the Evidence Assurance Group meetings for independent scrutiny. A highlight report is currently being developed for SOAC showing progression against all actions. All three Essex Integrated Care Boards have been involved in a deep dive into the plan. It is expected that an update to the improvement plan will be shared with Quality Committee members on 27 October 2023.
- 2.4 In addition to the oversight of action plans via Quality Committee, both Trusts have already attended Rapid Quality Review meetings in line with National Quality Board guidance, and chaired by the ICB CEO, to gain assurance of action against plans, in addition to addressing any other key quality concerns raised through different routes of escalation. Follow-up review meetings are in place in October 2023 for both Trusts.

3. Essex Mental Health Independent Inquiry

- 3.1 Following meetings between Dr Geraldine Strathdee and the Secretary of State for Health (SoS), the SoS has confirmed that the Essex Mental Health Independent Inquiry will move to a statutory status under the Inquiries Act 2005, giving it legal powers to compel witnesses to provide information and give evidence.

- 3.3 As previously noted, Dr Geraldine Strathdee announced she would step down as the Chair of the Inquiry. It has since been confirmed that the new Chair will be Baroness Kate Lampard CBE. The announcement was made in Parliament by the Health Secretary, Rt Hon Steve Barclay, on 4 September 2023.

4. Mental Health

- 4.1 The new Healthcare Safety Investigation Body is due to commence on 1 October 2023 and will focus on patients in mental health settings, looking at how providers are able to learn from deaths in their care, how young people with mental health needs are cared for in inpatient services, how out of area (OOA) placements occur and how to develop safer staffing models.
- 4.2 Furthermore, the England Rapid Review into mental health was published with associated recommendations, with an update being waited for specific actions to be taken at a national, system and provider level.
- 4.2 During August there was a reduction in the number of Tier 4 Children's beds being available, resulting in pressure being placed on the system. However, it was noted that this was managed without significant impact on OOA placement required. In addition, it was announced that the regional specialist Eating Disorder Unit for Children and Young People in Cambridge would be closed due to a lack of staffing. This has meant children being placed into independent providers within region but has also presented an increased risk of children waiting in acute paediatric settings when requiring specialist intervention. EPUT and MSEFT are working in partnership to ensure that appropriate support is in place, with advice and guidance available to support clinical teams. Whilst it the ambition that no child or young person should wait for a specialist bed, the East of England Provider Collaborative has provided data that evidences waiting times have reduced and repatriations for all age patients placed out of region are now occurring, whenever possible.

5. Medicines Optimisation

- 5.1 The Medicines Optimisation team alerted Quality Committee that the system has outlier status for anti-microbial stewardship and very detailed targeted meetings are in place to improve the position. Variation between the Alliances has been identified, so learning and good practice is being shared and 'Train the Trainer' sessions are being held. The acute sector is working on the intravenous to oral antibiotic switch and are now meeting the Commissioning for Quality and Innovation (CQUIN) target set by NHSE England of 71%.
- 5.2 An action plan has been published by NHS England in relation to optimising care for patients with dependency forming medication and managing withdrawals. There is more work to do to meet the actions set by NHSE, which require collaborative working across providers and will be led by the Medicines Optimisation team. An example of such work relates to the community Musculo- Skeletal (MSK) service, which is focussing on supporting people with high dosage opioids for pain management. Campaigns are also planned for early next year to support clinicians in not prescribing opioids as a first point of analgesia. An update will be provided to the Quality Committee as part of its workplan.

6. Conclusion

- 6.1 On the basis of the information supplied and analysed, the specific actions taken to address the concerns identified, and the detailed work overseen by the Quality Committee, this report provides assurance to the Board of the measures 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 communication received of the appointment of a new chair to the Essex Mental Health Inquiry

Part I ICB Board meeting, 28 September 2023

Agenda Number: 12

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 standards¹ 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, Accident & Emergency (A&E), Urgent Community Response Team (UCRT), Mental Health Emergency Department (ED) and has members from both health and social care.

The MSE System Winter Plan has been submitted detailing the improvement programmes and schemes behind the plan to deliver the planning round trajectories. These will be overseen by the System Urgent and Emergency Care (UEC) Board.

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

Ambulance Response Times

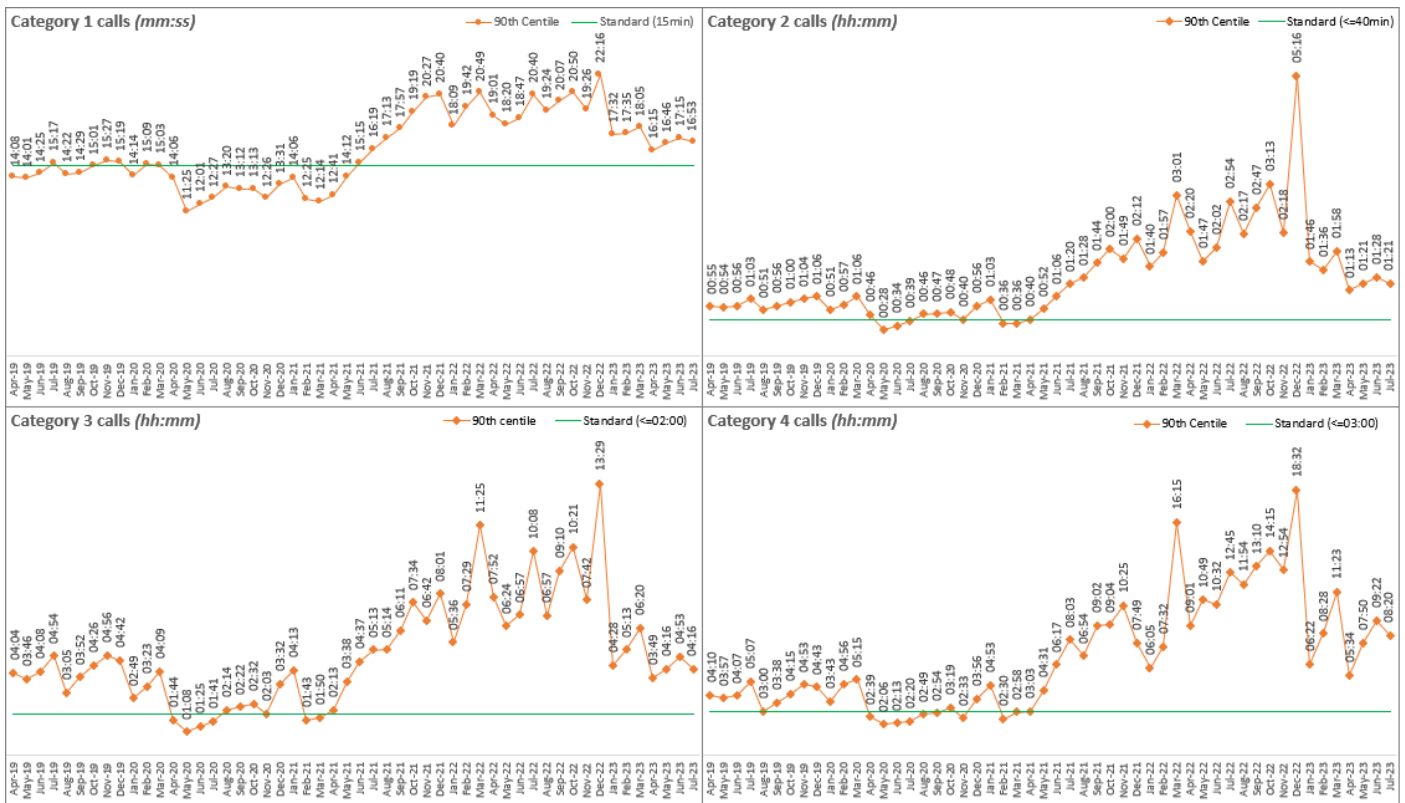
Standards:

- *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 \(www.gov.uk\)](http://www.gov.uk)



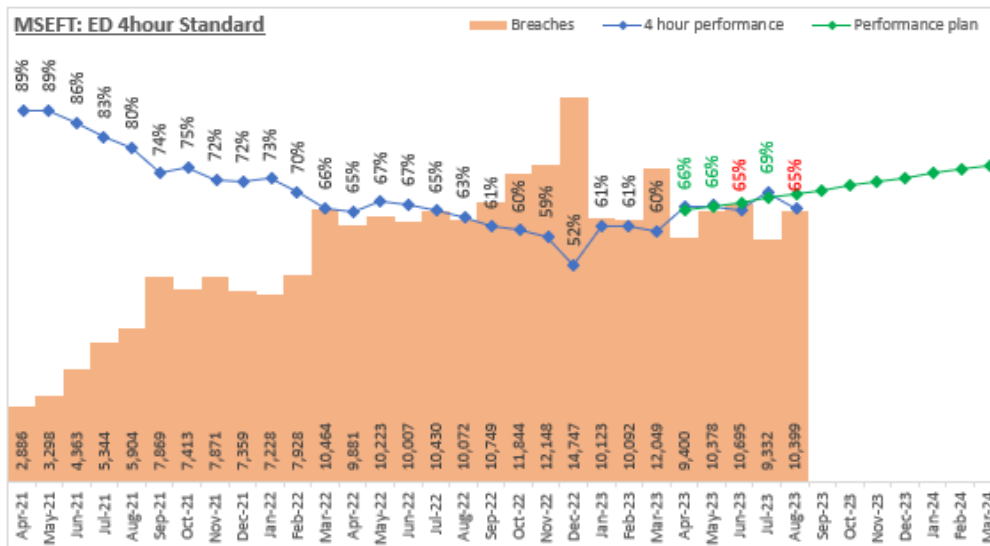
The MSE System Winter Plan has been submitted which includes system actions to support recovery of ambulance response times and arrival to handover and is overseen by the System Urgent and Emergency Care (UEC) Board.

Emergency Department – waiting times.

Standard:

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

Within Mid and South Essex NHS Foundation Trust (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

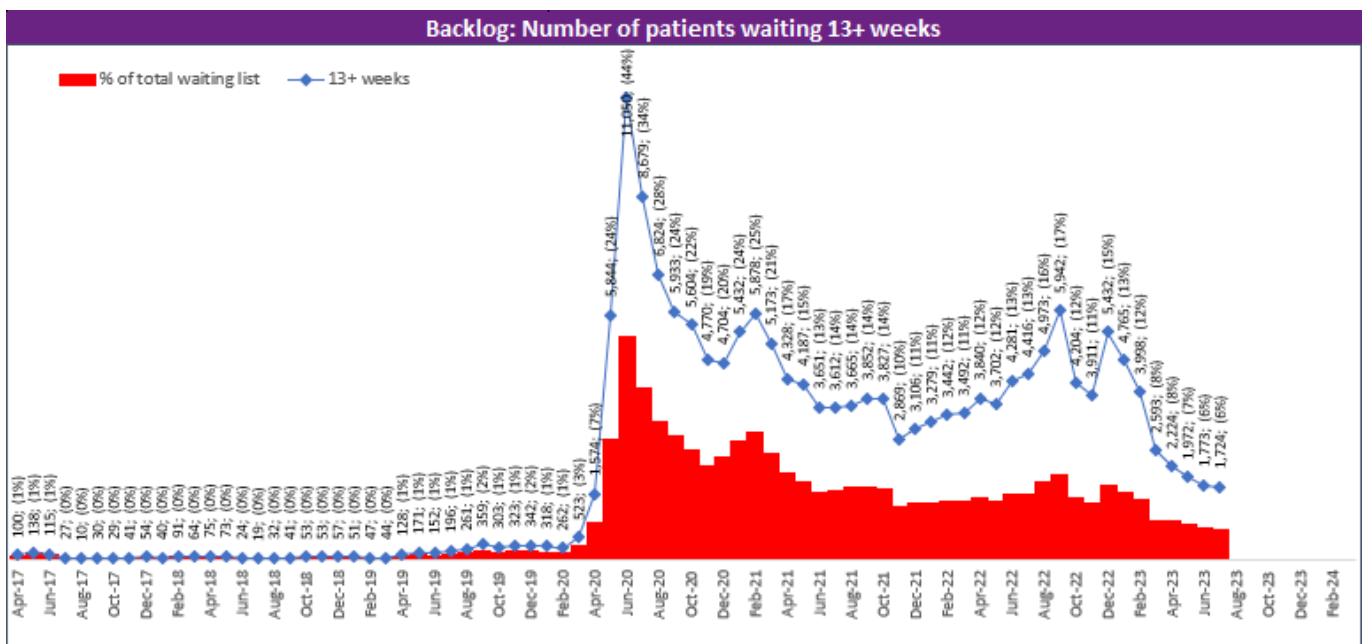
Key issues for the Elective programme include waiting time performance being below standards for Diagnostics, Cancer and RTT.

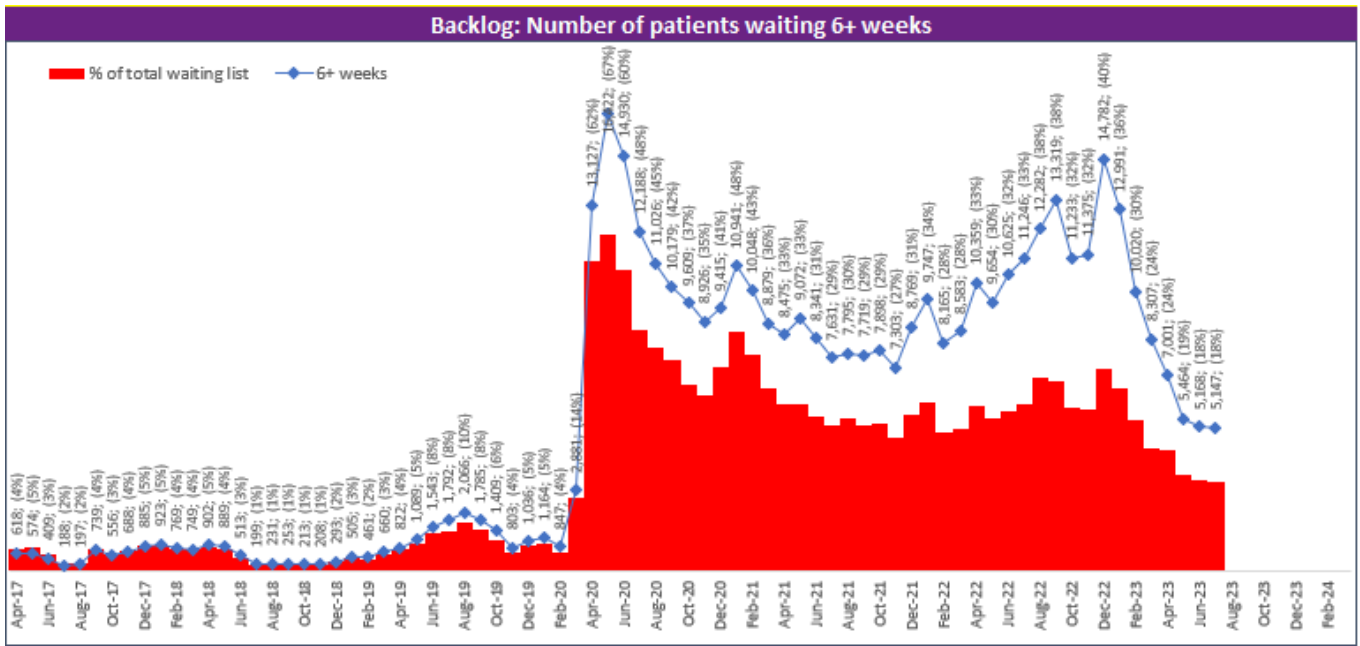
Diagnostics Waiting Times

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 to July 2023. Both these backlogs have been decreasing in size since January 2023.





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

Test		Jul-23				Total WL size
		13+ Weeks		6+ Weeks		
		No.	%	No.	%	
Imaging	Magnetic Resonance Imaging	32	1%	719	15%	4,920
	Non-Obstetric Ultrasound	643	6%	1,324	13%	10,116
	Computed Tomography	35	1%	242	8%	3,099
	Barium Enema	0	0%	0	0%	4
	DEXA Scan	30	3%	91	9%	1,013
Endoscopy	Colonoscopy	18	1%	130	9%	1,417
	Cystoscopy	69	24%	109	37%	293
	Flexi Sigmoidoscopy	4	1%	79	17%	462
	Gastroscopy	52	4%	187	15%	1,227
Physiological Measurement	Audiology - Audiology Assessments	126	10%	357	28%	1,269
	Cardiology - Echocardiography	427	10%	1,519	35%	4,332
	Cardiology - Electrophysiology	0		0		0
	Neurophysiology	162	44%	175	48%	365
	Respiratory Physiology - Sleep Studies	121	22%	203	37%	550
	Urodynamics - Pressures & Flows	5	9%	12	22%	55
Total Diagnostic Tests		1,724	6%	5,147	18%	29,122

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

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.

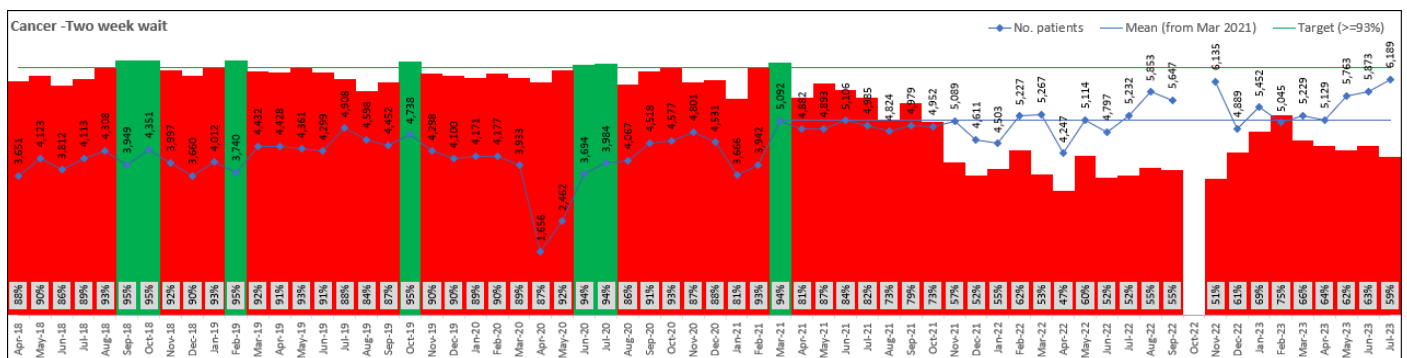
- To receive first definitive treatment within 31 days from decision to treat.
- To start drug, radiotherapy, and surgery subsequent treatments within 31 days.
- To receive their first definitive treatment for cancer within 62 days of receipt of urgent referral.

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

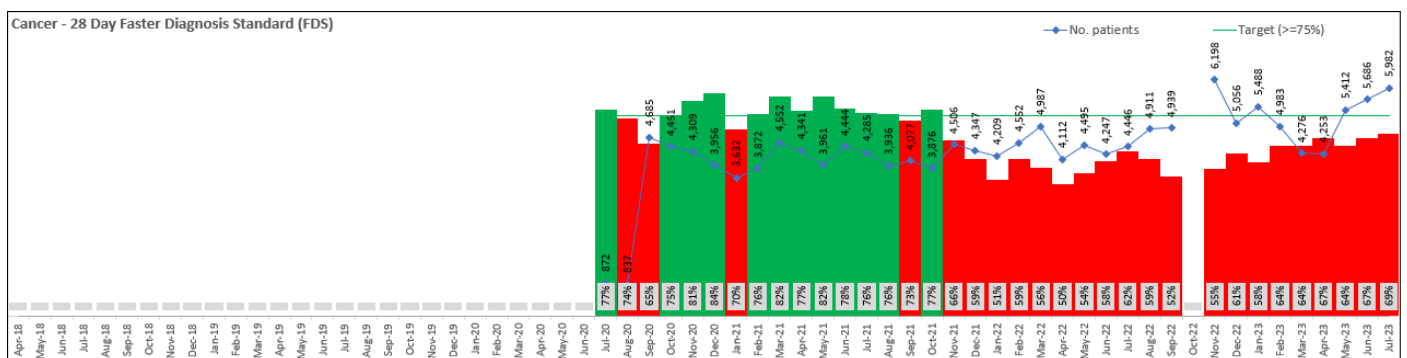
The following table shows the latest MSEFT position (July 2023) for each of the waiting time standards.

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%)	
59.3%	61.8%	68.5%	85.2%	87.9%	91.1%	64.5%	53.9%	50.8%	44.3%

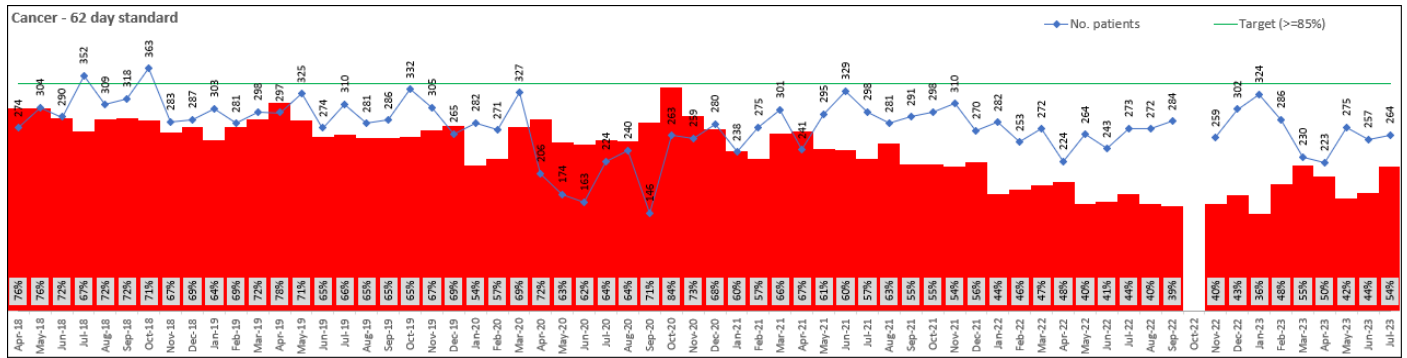
The following graph shows the performance together with the number of referrals on a two-week pathway above pre-COVID levels.



The following graph shows the 28-day Faster Diagnosis Standard. The July 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.

Referral to Treatment (RTT) Waiting Times

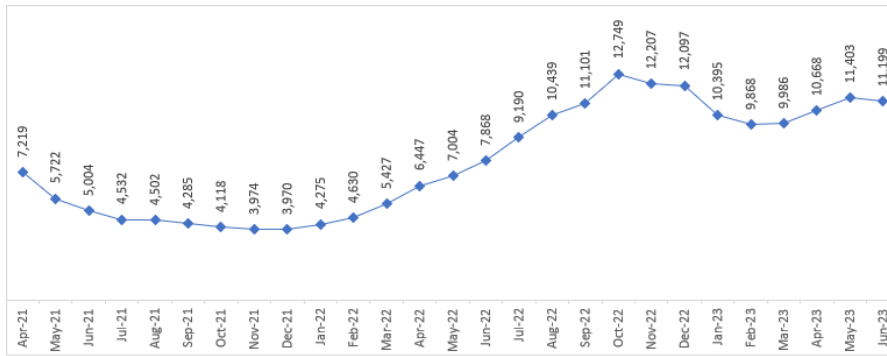
Standards:

- *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 of June 2023, the following number of patients were on an RTT pathway at MSEFT:

- Zero patients waiting 104+ weeks.
- 86 patients waiting 78+ weeks.
- 2,787 patients waiting 65+ weeks.
- 11,199 patients waiting 52+ weeks.

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



The Elective Board oversees Referral to Treatment (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: June 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 May 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 SOAC (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 Board Meeting, 28 September 2023

Agenda Number: 13

Month 4 Finance Report

Summary Report

1. Purpose of Report

To report on financial performance for the ICB at Month 4 and offer a broader perspective on outturn across partners in the Mid & South Essex system (period ending 31 July 2023).

Due to the timing of meetings a verbal update for Month 5 (31 August 2023) will be provided to the Board at the meeting.

2. Executive Lead

Jennifer Kearton, Executive Director of Resources.

3. Report Author

Resources Team.

4. Committee involvement

The month 4 ICB position was reviewed by the Finance and Investment Committee during August 2023.

5. Conflicts of Interest

None identified.

6. Recommendation

The Board is asked to receive this report for information.

Month 4 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 4. Given the timing of meetings a verbal update on the month 5 position will be provided at the September Board meeting.

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 meet with the regional team monthly, and the system had its first national review meeting on 2 August 2023. We anticipate a further national meeting in September/October 2023.

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 4.

2. Key Points

2.1 Month 4 ICB financial performance

The overall System Allocation (revenue resource limit) held by the ICB has increased by £67m since last reported at month 2. Most of this increase is non-recurrent and relates to expected allocations that were planned for at the beginning of the financial year.

Table 1 – Allocations

	Recurrent £m	Non-recurrent £m	Total £m
Allocation at M2	2,442	35	2,477
Movements			
Capacity Funding		10	10
Service Development Funding		12	12
Primary Care Transformation		2	2
Pay Award Funding	1	0	1
Elective Recovery Funding		43	43
Current Allocation	2,442	35	2,545

The ICB continues to forecast its agreed outturn position of £10m surplus. There are various risks to the position predominantly in our variable spend areas of Prescribing and Continuing Health Care. Both areas have deep dive reviews in progress, and we will continue to appraise the Board of specific outcomes associated with these reviews.

Table 2 – summary of the position against the revenue resource limit for month 4.

Expenditure	Year to Date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Revenue Resource Limit	(850)			(2,545)		
Acute Services	449	452	(3)	1,338	1,341	(3)
Mental Health Services	85	85	(1)	253	253	0
Community Health Services	75	73	2	230	230	0
Continuing Care Services	41	42	(0)	124	124	(0)
Prescribing	70	71	(1)	206	210	(4)
Primary Care	111	110	1	336	332	4
Other Commissioned Services	6	5	1	19	17	2
Other Programme Services	2	1	1	6	5	1
ICB Running Costs	8	8	0	23	23	0
Total ICB Net Expenditure	847	847	(0)	2,535	2,535	0
TOTAL ICB Surplus/(Deficit)	3	3	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. In the main, budgets are delivering in line with plans, however our prescribing spend is higher than budgeted, therefore presenting the challenge of mitigating new pressure as well as delivering existing plans. As noted in section 2.1 a deep dive is in progress with specific actions to be escalated.

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 3 - Efficiencies

Area of Efficiencies	Year to Date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Acute	5	5	0	15	15	0
Community Healthcare	2	2	0	5	5	0
Primary Care & Prescribing	1	1	0	9	9	0
All-Age Continuing Care	2	2	0	6	6	0
Other Programme Services	1	1	0	4	4	0
Total	11	11	0	39	39	0

2.3 ICB Finance Report Conclusion

At month 4 the ICB is forecasting to deliver its agreed plan. This is a particularly challenging position given the level of inflationary and activity demand, currently being managed. Deep dive work is in progress across Prescribing and Continuing Healthcare to understand the likely best and worst outcomes for the overall position. Specific actions will be escalated where necessary.

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.

A summary of our system's position against the better payment practice code (BPPC) measuring compliance with the public sector requirement to pay invoices in line with contractual terms can be found at **Annex A** below.

2.4 Month 4 System Financial Performance

At month 4 the overall health system position is a deficit of £29m, (month 3 £21m, month 2 £16m). This position is off plan by £14m. The year-to-date position largely reflects the current shortfall in efficiency programme delivery which was set to mitigate the impact of rising risk. However, workforce pressures continue to drive high levels of spend within our Acute sector.

The System forecast outturn is in line with plan. Any change to the outturn is subject to the Forecast Outturn Change Protocol and agreement between the Board and NHS England.

The System currently meets monthly with regional colleagues and regularly with our national team to review the financial performance in year and discuss actions. Our system deficit is within our Acute Sector and as such the Mid and South Essex Foundation Trust also meet directly with the national team. A programme to deliver both financial and quality improvements is in place across the Trust, with assurance and accountability reviews to support the required actions. The system continues to engage with the Central PMO and the regional efficiencies team 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. High level reporting will be included in this report moving forward in line with the Local Authority timetables.

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 is established with a programme of governance across our core efficiency pillars, workforce, system flow, independence, and corporate efficiencies. The system is building on the Financial Improvement Works 2022/23 to drive delivery during 2023/24.

There is still a gap against the required position and the Central PMO continues to focus on the identification of schemes, overseeing delivery and ensuring sustainability through continuous review of opportunities.

At month 4 a total of £85m (73% recurrent and 27% non-recurrent) has been identified, leaving a gap of £34m against our required target. Weekly review sessions are in place with a focus on ideas generation and moving schemes forward faster.

Progress will continue to be reported via the System Transformation Improvement Group, into the CEO Forum and reported monthly to the Finance and Investment Committee.

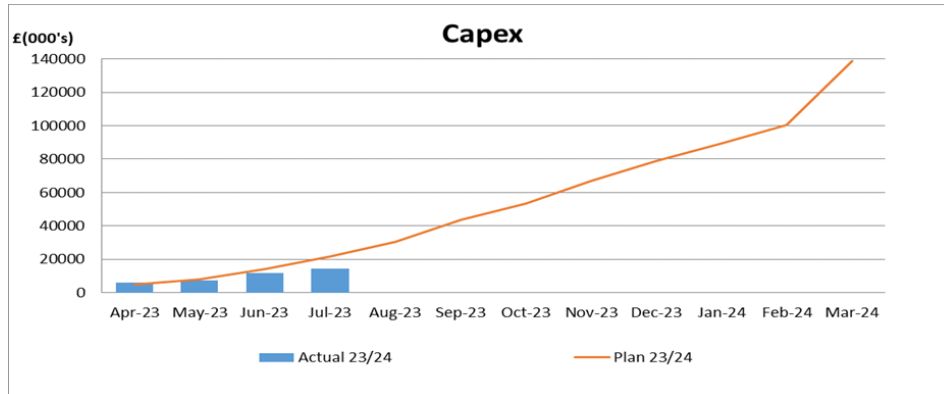
2.6 System Capital Position

The forecast capital investment during 2023/24 is £139m at month 4, there are some minor delays with local plans around business-as-usual works, however, capital expenditure is anticipated to meet its planned forecast outturn.

Table 4 – Capital Spend Summary

Capital Spend Summary	Full year plan	YTD - July 2023		
	2023/24 £'000	Plan £'000	Actual £'000	Variance £'000
Mid and South Essex NHSFT	115,043	19,645	13,042	6,603
Essex Partnership University NHSFT	21,806	1,856	1,604	252
ICB	1,987	64	(222)	286
Total System Capital	138,836	21,565	14,423	7,141
YTD Spend as a % of YTD Plan			67%	

Table 5 – Capital Expenditure



2.7 System Report Conclusion

At month 4 the system continues to be behind its planned year to date performance. Recovery actions are in place with assurance and accountability reviews embedded. However there remains a gap against the identified efficiency target which could frustrate attempts to deliver our agreed year end position for 2023/24.

The System is under regular review with both regional and national NHS England colleagues and continues to operate under strengthened internal governance.

3. Recommendation(s)

The Board is asked to receive this report for information.

ANNEX A

Better Payment Practice Code	Year to Date		
	£m	nos.	Avg. Inv. (£s)
Non NHS bills paid	557.3	117,431	4,746
Paid within target	498.5	105,851	
	89.4%	90.1%	
NHS bills paid	558.9	1,838	304,090
Paid within target	553.7	1,485	
	99.1%	80.8%	
Total bills paid	1,116.2	119,269	9,359
Paid within target	1,052.2	107,336	
	94.3%	90.0%	
ICB total paid within target	96.0%	97.8%	
EPUT total paid within target	92.3%	94.4%	
MSEFT total paid within target	87.4%	85.2%	

Part I ICB Board Meeting, 28 September 2023

Agenda Number: 14.1

Decision Making Policy and Procedure (Policy Ref MSEICB 088)

Summary Report

1. Purpose of Report

This new Mid and South Essex Integrated Care Board (MSE ICB) policy sets out an ethical framework that underpins and applies to the priority setting processes required to enable the ICB to discharge its statutory functions within the financial envelope it is set by NHS England. In particular, providing the basis for decision-making in:

- The development of strategic plans for individual services.
- Making investment and disinvestment decisions during the annual commissioning cycle.
- Making in-year decisions about service developments or disinvestments.
- Management of restricted services, including individual funding requests.

2. Executive Lead

Jennifer Kearton, Executive Director of Resources.

3. Report Author

Nicola Adams, Deputy Director of Governance and Risk.

4. Responsible Committees

The draft Decision Making Policy and Procedure has been approved by the Integrated Care Board's Finance and Investment Committee (14 September 2023).

5. Link to the ICB's Strategic Objectives:

Agree and establish the system financial strategy, setting out the medium-term plan for achieving system financial sustainability.

Improve the way we plan and deliver services and functions.

6. Impact Assessments

The Equality Impact Assessment has been undertaken, no issues identified.

7. Financial Implications

The policy will assist the ICB identify the financial implications of decisions made.

8. Details of patient or public engagement or consultation

This Policy supports the need for consultation in relation to investment and disinvestment of services.

9. Conflicts of Interest

None identified.

10. Recommendation

The Board is asked to approve the new Decision Making Policy and Procedure (Policy Ref MSEICB 088).

Decision Making Policy and Procedure

1. Introduction

1.1 Purpose of Report

This new MSE ICB policy sets out an ethical framework that underpins and applies to the priority setting processes required to enable the ICB to discharge its statutory functions within the financial envelope it is set by NHS England. In particular, providing the basis for decision-making in:

- The development of strategic plans for individual services.
- making investment and disinvestment decisions during the annual commissioning cycle.
- making in-year decisions about service developments or disinvestments.
- management of restricted services, including individual funding requests.

To support the introduction of these new governance arrangements, an ICB Decision Making Policy and Procedure has been drafted and is attached at **Appendix A** for approval.

1.2 Acknowledgement

The Decision Making Policy and Procedure has been reviewed by clinical and non-clinical leads across Mid and South Essex Integrated Care System (MSE ICS) and their feedback included within this draft. In particular, the support provided by Maggi Pacini, Public Health Consultant has been key to the development of this policy.

2. Conclusion

The adoption of the proposed Decision Making Policy and Procedure and supporting governance arrangements will provide the necessary infrastructure to support robust and fair resource allocation on a system-wide basis.

3. Recommendation

Members are asked to:

- approve the new Decision Making Policy and Procedure attached at **Appendix A**.
- approve the establishment of a bi-annual Investment and Disinvestment Committee, as outlined within the Decision Making Policy and Procedure.

4. Appendices

Appendix A – Mid and South Essex Integrated Care Board Draft Decision Making Policy and Procedure.

Decision Making Policy and Procedure

Document Control:

Document Control Information	Details
Policy Name	Decision Making Policy and Procedure
Policy Number	MSEICB 088
Version	V0.11
Status	Draft
Author / Lead	Michelle Angell / Nicola Adams
Responsible Executive Director	Chief Nurse
Responsible Committee	Finance & Investment Committee
Date Ratified by Responsible Committee	14 September 2023
Date Approved by ICB Board/Effective Date	
Next Review Date	September 2025
Target Audience	All MSE ICB Staff
Stakeholders engaged in development of Policy (internal and external)	<ul style="list-style-type: none"> Executive Team Finance & Investment Committee
Impact Assessments Undertaken (State if not applicable)	<ul style="list-style-type: none"> Equality and Health Inequalities Impact Assessment Quality Impact Assessment Data Protection Impact Assessment

Version History

Version	Date	Author (Name and Title)	Summary of amendments made
0.1	15/06/2023	Michelle Angell, Portfolio Director, MSEP, ICB	First draft
0.2	15/06/23	Karen Wesson, Interim Oversight and Assurance Director	Amendments included
0.4	21/06/23	Linda Moncur, Director of Nursing for Safeguarding, ICB	Amendments included
0.4	28/06/23	Janette Joshi, Deputy Director of System Healthcare Purchases Jenny Davis, Commercial Director, MSEFT	Amendments included
0.5	13/07/23	Nicola Adams, Deputy Director of Maggie Pacini, Consultant in Public Health	Amendment included – Policy and Procedure
0.6-0.9	11/08/23	Nicola Adams, Deputy Director of Governance and Risk	Amendments included
0.10	12/09/23	ICB Executive Team	Amendments included
0.11	14/09/23	Finance and Investment Committee	Amendments included

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1. Introduction

- 1.1. The Mid and South Essex Integrated Care Board (ICB), as part of the Integrated Care System (ICS) receives a fixed budget from NHS England to enable it to fulfil its statutory functions, duties and the health aspect of the Integrated Care Strategy set by the Integrated Care Partnership (ICP). The ICB has a statutory responsibility to maintain financial balance and, as part of discharging this obligation, must decide how and where finite local resources are allocated.
- 1.2. The need for health care is always greater than the resources available to a society to meet demand. Therefore, it is evident that it will not be possible for the ICB to commission all the health care that is needed or wanted by the population it serves and, as a result, it will need to prioritise its commissioning intentions based on the needs of the local population.
- 1.3. In carrying out these functions, the ICB will act with a view to securing health services that are provided in a way which promotes the NHS Constitution among patients, staff, and members of the public. Patients have a right to expect that the ICB will assess and prioritise the health requirements of the local community and commission the services to meet those needs as considered necessary.
- 1.4. Those with the responsibility for health care budgets must make decisions about priorities at three levels: when developing strategic plans (the main priorities), when deciding year on year which investment and disinvestments to make, and at the individual patient level.
- 1.5. The Decision-Making Policy and Procedure is to be applied when making both clinical and non-clinical (e.g., IT) decisions.
- 1.6. The ICB will ensure that procurement decisions in relation to our clinical services are fully informed and based on health outcomes data by utilising all reliable data sources combined with population health data and clinical analysis.

2. Purpose / Policy Statement

- 2.1. The purpose of this policy is to set out an ethical framework that underpins and applies to the priority setting processes required to enable the ICB to discharge its statutory functions within the financial envelope it is set by NHS England. In particular, providing the basis for decision-making in:
 - The development of strategic plans for individual services
 - making investment and disinvestment decisions during the annual commissioning cycle
 - making in-year decisions about service developments or disinvestments
 - management of restricted services, including individual funding requests.
- 2.2. The purpose of setting out the principles and considerations to guide priority setting is to:

- provide a coherent framework for decision-making (both investments, disinvestments, and decommissioning).
- promote fairness and consistency in decision-making.
- ensure that there is a clear and comprehensive rationale for decisions.
- enable the ICB to discharge its functions and deliver the health aspects of the strategy set by the ICP in a safe, fair and transparent manner.

2.3. Decommissioning and investment decisions impact on patients and providers therefore requires a formal process, which provides an evidence trail and ratification by a decision-making authority in the face of potential appeals and legal challenge by an affected party. This policy therefore sets out the governance process for decision-making as well as the evaluation criteria used when appraising investment and disinvestment cases.

3. Scope

3.1. This policy and procedure applies to all staff working within MSE Integrated Care Board and covers all contractual agreements utilised by the ICB.

4. Definitions

4.1. For the purpose of this policy the following definitions have been applied:

- **Investment:** Funding allocated to support service provision across MSE ICS.
- **Commissioning:** Commissioning is the continual process of planning, agreeing, and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.

There is no single geography across which all services should be commissioned: some local services can be designed and secured for a population of a few thousand, while for rare disorders, services need to be considered and secured nationally.

- **Decommissioning:** This relates to the withdrawal of funding from a provider organisation that is subsequently re-commissioned in a different format.
- **Disinvestment:** This relates to the withdrawal of funding from a provider organisation and the subsequent stopping of the service.

4.2. In the event that decommissioning, or disinvestment is proposed, the ICB recognises that a number of steps will be required prior to a final decision being taken by the ICB Board. These include consideration as to whether a consultation exercise is required with partner organisations, patients, public and the Health Overview and Scrutiny Committees.

5. Roles and Responsibilities

5.1. Integrated Care Board ('the Board')

- 5.1.1. The Board retains overarching responsibility for decision-making and sets out its framework for delegating authority for the approval of decisions within the Scheme of Reservation and Delegation
- 5.1.2. The Board will oversee the approval of all investment /disinvestment decisions over **£5,000,001** within existing agreed budgets and over **£2,500,000** where there is no budgetary provision. The scrutiny of such proposals will generally be held in public, for which supporting papers will be available on the ICB's website. The ICB Constitution sets out provision for meetings to be held 'in camera' where there is a legal requirement to uphold confidentiality, or it is not in the public interest to discuss in a public meeting.
- 5.1.3. The Board is also responsible for ensuring the ICB meets its statutory responsibilities such as involving and engaging with the public over decision-making within the ICB.

5.2. Chief Executive Officer

- 5.2.1. As set out in the Scheme of Reservation and Delegation the Chief Executive Officer can approve business cases up to the value of **£1,000,000** within existing agreed budgets and between **£100,001 and £250,000** with no budgetary provision.
- 5.2.2. Business cases <£250,000 can be approved by the Executive Director identified as the Senior Responsible Officer for the programme.

5.3. ICB Executive Team

- 5.3.1. The ICB Executive Team are responsible for the delivery of ICB objectives, including performance, quality, and financial plans. It will delegate activities, tasks, and mitigations of risks to the SLT and receive escalations and responses from SLT in respect of business case proposals.
- 5.3.2. The Executive Team must be sighted and 'support' all ideas/projects recommended by the SLT prior to them progressing through to business case development and formal approval.
- 5.3.3. All proposals will need to have an ICB Executive sponsor in order to progress through decision-making.

5.4. ICB Senior Leadership Team (SLT)

- 5.4.1. The SLT functions as the operational "engine room" of the ICB. All expenditure exceeding £50k must be 'supported' by the SLT before proceeding to any formal approval stages.
- 5.4.2. The SLT includes representatives from Executive Officer direct line reports from all Directorates across ICB, providing insight and guidance to the development of

ICB business and achievement of ICB objectives. As such, the SLT facilitates operational delivery as directed by the ICB Executive Team.

- 5.4.3. SLT contributes to the decision-making process by ensuring that any projects/ideas include consideration of all aspects for which the ICB are responsible (i.e. clinical, quality and corporate governance).

5.5. Finance and Investment Committee

- 5.5.1. The Finance and Investment Committee will approve all investment / disinvestment decisions between £1,000,000 and £5,000,000 within existing agreed budgets and **£250,000 and £2,500,000** where there is no existing budgetary provision.
- 5.5.2. The Finance and Investment Committee is the sponsoring committee responsible for monitoring compliance with the Decision-Making Policy.

5.6. The Quality Committee

- 5.6.1. The Quality Committee is responsible for overseeing continued improvement in the quality of services, quality governance and oversight of Equality/Health Inequality Impact Assessments e.g., in support of business cases, ensuring they are adequately governed.
- 5.6.2. The Quality Committee will be made aware of all investment / decommissioning / disinvestment proposals that impact upon clinical services and seek assurance that all concerns have been addressed prior to approval.

5.7. Primary Care Commissioning Committee (PCCC)

- 5.7.1. The PCCC is the decision making committee in relation to the ICB's delegated functions for Primary Care (GP, Pharmaceutical, Ophthalmic and Dental services). Approval of core contractual investments (including Primary Care estate) will be presented to the PCCC for approval in accordance with the ICB Scheme of Reservation and Delegation, and be escalated accordingly where the financial envelope exceeds the authority of PCCC (i.e. exceeding £1,000,000).

5.8. Clinical and Multiple-Professional Congress (CLiMP)

- 5.8.1. The Clinical and Multiple-Professional Congress is an advisory Committee responsible for driving the identification and delivery of transformation programmes across the ICS; providing clinical and professional scrutiny; acting as a sounding board of multi professionals across health and care sectors; providing clinical advice to major investment and disinvestment cases and amendments to the Procedure of Limited Clinical Effectiveness (POLCE).
- 5.8.2. All ideas/proposals with a clinical impact should be scrutinised by the CLiMP, or an appropriate clinical expert, who will ensure that decisions are clinically sound, and any resulting impact of service changed identified in impact assessments are appropriately mitigated or managed.

5.9. System Transformation and Investment Group (STIG)

- 5.9.1. The STIG provides a gateway for transformation programmes (Business Cases requiring approval of the Finance & Investment Committee or investments that have cross-system implications). The group ensures that there is strategic alignment, cross system outcomes and benefits realisation.
- 5.9.2. Although there is similar representation on the STIG compared to the System Financial Recovery Working Group, the STIG has a more strategic rather than operational / functional role.

5.10. Stewardship Groups

- 5.10.1. Stewardship Groups bring together small teams of frontline health and care staff and managers to collaborate as 'stewards' using their different perspectives, skills, and knowledge alongside population-level data, to take a fresh look at the value delivered from our shared resources.
- 5.10.2. Stewardship Groups are aligned around 'care areas' such as cancer care or stroke and through their innovative work may propose ideas, projects, or changes in care pathways, that will be processed through this policy.
- 5.10.3. Additionally, ideas generated from other forums; impacting on care areas will need to be routed to the Stewardship Groups to ensure there is a cohesive approach to new ways of working for the benefit of our residents.

5.11. Central Programme Management Office (CPMO)

- 5.11.1. The CPMO will ensure that all investment / disinvestment proposals have complied with the necessary governance requirements e.g., completed, and approved Equality Health Inequalities Impact Assessment, Quality Impact Assessment, Data Protection Impact Assessment and Digital Technology Assessment Criteria (DTAC) where relevant, prior to submission to the SFRG.
- 5.11.2. The CPMO will maintain a central registry of ideas/proposals as well as projects in progress.

5.12. System Financial Recovery Working Group

- 5.12.1. The System Financial Recovery Working Group is responsible for ensuring a collaborative approach to decision making. It will ensure that decisions are in the best interest of the system as a whole and contribute to financial recovery, whilst ensuring that sovereign organisations continue to operate in accordance with their statutory duties. The group will bring together the ICB with system partners to ensure that system partners are sighted on proposals and contribute to 'system ownership' in the best interests of our residents. The group will review all proposals for investment/disinvestment/decommissioning, including all relevant Impact Assessments to inform decisions as to whether a project should proceed through 'gateway 0' as an idea/project that should progress to formal consideration for approval.

5.13. Investment and Disinvestment Committee (IDC)

5.13.1. The Investment and Disinvestment Committee will guide the commissioning cycle of the ICB, considering the strategic direction of decision making across the ICB. It will meet twice per annum. Firstly, in March, to consider and guide how commissioning proposals meet the needs of the ICB operational plans. Secondly, in September to consider any in-year changes that reflect the changing needs of residents and regulators.

5.13.2. The role of this Committee is to ensure that:

- Proposals are not considered in silo. A holistic overview will provide a consistent approach to decision-making ensuring that all decisions fully support the achievement of system priorities within the overall financial envelope.
- Decision-making is fair and equitable throughout the commissioning cycle.
- The diversion of funds to treatments which are of low priority are prevented, as all cases are considered equitably against the funding available.
- Investment and disinvestment cases are reviewed alongside population health analytics to ensure that the needs of our population are met.
- The health economy and local communities are sufficiently aware of or consider opportunity costs.
- The failure to address disinvestment and redirection of resources is mitigated.
- Clinical and public engagement is at the centre of ICB planning processes.

5.13.3. Formal decision-making groups will check that the IDC has supported the direction of commissioning decisions and where this is not the case (i.e. investment and disinvestment case proposals fall outside of this planning cycle) will be submitted for system-wide review to the Financial Recovery Working Group, prior to the Chief Executive Officers' Forum, who will act as the IDC where urgent decision making is required that cannot wait until the mid-cycle IDC review.

5.14. Chief Executive Officers' Forum

5.14.1. The Chief Executive Officers' Forum is a meeting of Chief Executive Officers from system Partners who together are accountable for performance improvement across the system.

5.14.2. Each Chief Executive Officer is responsible for a portfolio of work to address specific areas of priority e.g. workforce. Together they will act as the IDC where urgent decisions are required and therefore must support decisions that fall outside of the planning cycle for them to progress to formal approval.

5.15. Director of Resources

5.15.1. The Director of Resources is responsible for ensuring systems are in place to deliver the financial duties of the ICB. Including establishing the annual budget and budget management processes. As such the Director of Resources is

responsible for making sure that financial decision-making within the ICB is robust; consequently, they are the Executive Sponsor for this policy.

- 5.15.2. They are also responsible for the development of the Capital Resource Use Plan for approval by the Board and reporting how the ICB has exercised its functions in accordance with the Plan within the Annual Report.
- 5.15.3. As set out in the Scheme of Reservation and Delegation the Director of Resources can approve business cases up to the value of **£1,000,000** within existing agreed budgets and between **£100,001 and £250,000** with no budgetary provision.

5.16. Chief Nurse

- 5.16.1. The Chief Nurse is the Executive Director responsible for ensuring that the required quality and patient safety considerations have been undertaken prior to any investment / decommissioning / disinvestment in a clinical service.
- 5.16.2. The Chief Nurse is the lead Executive Officer ensuring appropriate advice and explanations are provided to the Quality and Safety Committee.

5.17. Identified Operational Lead

- 5.17.1. The Operational Lead responsible for the service is required to undertake the following actions when considering investment / disinvestment / decommissioning of a service:
- Follow the decision-making policy, ensuring that all advice, engagement and due process is followed in progressing a decision and that approvals are sought in accordance with the Scheme of Reservation and Delegation.
 - Seek advice of the governance team to navigate decision-making processes.
 - Be pro-active within the commissioning cycle to ensure that the IDC is sighted on proposals.
 - Develop robust business cases in line with the Decision-Making Policy.
 - Secure legal advice through our legal framework where appropriate.
 - Establish a robust benefits realisation process to assess the potential and realisable benefits to improve the effectiveness of the service.
 - Inform the CPMO and the relevant department of the benefits identified and plan with them how to obtain valid evidence of positive progress.
 - Review, with the CPMO, the monitoring of the benefits realised.
 - Undertake impact analysis assessments.
 - Keep a risk log of issues identified.
 - Prepare a case to be considered by the relevant Committee in respect of investment / disinvestment / decommissioning of a service.
 - Notify the provider of the 10-day appeals process (see point 6.17 below).

5.18. Policy Authors

- 5.18.1. The Policy Author and the Quality Committee is responsible for:

- ensuring that all key stakeholders have been consulted in the development of this policy, adhering to ICB governance arrangements.
- ensuring that all staff are aware of the purpose and aims of this policy and that the appropriate governance arrangements are in place to support compliance.

5.19. Governance Lead

5.19.1. The ICB Governance Lead is responsible for ensuring that this policy remains up to date and included within the suite of policies and procedures communicated to all ICB staff.

5.20. Line Managers

5.20.1. All line managers are responsible for ensuring that their staff are aware of this policy and that this is adhered to when making any investment / decommissioning / disinvestment decisions.

5.21. All Staff

5.21.1. All ICB staff are responsible for adhering to the content of this policy.

6. Policy / Procedure Detail

6.1. Commissioned Services

6.1.1. The ICB commissions services for our population in Primary Care (including GP, Pharmacy, Optometry and Dental services), in our community, in mental health services and in our acute hospitals. There are services the ICB does not commission, which remain the responsibility of NHS England, such as some specialised services.

6.1.2. In some cases, the ICB must make the difficult decision to 'not' commission a service or only commission a service in certain circumstances. These services are therefore subject to a 'Service Restriction Policy' that describes the circumstances under which that service might or might not be provided.

6.1.3. Healthcare and the needs of our patients are sometimes complex and exceptional. It is the responsibility of the ICB to ensure consideration is given to those circumstances when making decisions and therefore has established an 'Individual Funding Request (IFR) Policy'.

6.1.4. Both the Service Restriction and Individual Funding Request Policies support the decision-making process within the ICB but sit outside the domain of this policy.

6.1.5. There are circumstances in which the ICB may change a previous decision to commission a service; to either decommission or disinvest in a service for example:

- Where a service is not clinically effective and other services exist to serve

the needs of the population, the ICB may disinvest in the service.

- Where the quality of services of a provider does not meet the standards required of the ICB the service may be decommissioned.
- Where the innovative work of our Stewardship and other Groups suggests that there may be more benefit from changing the way a service is provided.
- Where, due to financial constraints, the ICB can no longer afford to provide a service, that is then moved to a 'restricted service' or a services that is no longer provided at all (a non-commissioned service).

6.1.6. The decommissioning and disinvestment process is subject to this decision-making policy and is described in more detail from section 6.13.

Principles of Decision Making

6.2. The ICB Planning Cycle

6.2.1. The ICB is responsible for developing a plan for meeting the health needs of our residents (as set out in the Integrated Care Strategy established by the ICP), managing the NHS budget and arranging for the provision of health services in a geographical area. Nationally, the expectation is that the ICB will:

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

6.2.2. The ICB planning cycle puts patients and the public at the heart of what we do and is the framework that underpins how the ICB will achieve those national expectations, the asks of the Integrated Care Strategy and the collective ambitions and shared commitments of our partners across mid and south Essex.



- 6.2.3. The ICB Joint Forward Plan outlines those the joint ambitions, which both responds to, and supports the joint health and wellbeing strategies of our three upper tier local authority partners. Joint Strategic Needs Assessments inform the strategies of our local authority partners and are therefore the starting point by which the needs of our population are assessed.
- 6.2.4. As described in section 1 of this policy, the ICB must plan and prioritise its resources within the financial envelope set by NHS England; a challenging task that has competing asks and opportunity cost.
- 6.2.5. The Investment and Disinvestment Committee (IDC) is responsible for balancing those asks, reviewing service provision and deciding priorities at the outset of the year. As such, groups with responsibility for designing, re-designing and innovating new services must present their proposals and plans to the IDC at the outset of the year. The IDC will then consider how those asks fit with the priorities of the ICB and the wider system and decide how the finite resources of the ICB will be spent.
- 6.2.6. All decisions, throughout the year, will then be made of the basis of the direction set by the IDC. The IDC will meet again mid-year to consider whether priorities, national direction or local need has changed that may require amendment and therefore consideration of further cases mid-year.
- 6.2.7. The business case process (section 6.7 and Appendix B) established within this policy will ensure that the route to designing and procuring services is robust and

that informed decisions are made by those with authority set out within the Scheme of Reservation and Delegation.

- 6.2.8. Monitoring and evaluation of services is the primary responsibility of the identified operational lead (at service level) who will ensure that the intended benefits of decisions are realised and where this is not the case, corrective action will be taken to ensure the original need it met. The outcome of this will be overseen by both the Quality Committee and the System Oversight and Assurance Committee, as well as informing the next planning round.

6.3. Collaborative Commissioning

- 6.3.1. We will continue to explore opportunities to collaboratively procure services both to achieve value for money and develop markets e.g., NHS, Local Authority and Third Sector partners.

6.4. Record Keeping

- 6.4.1. An auditable record/trail of decision making and all communication relating to each decommissioning decision and contract termination must be kept by the identified Operational Lead. This is vital, both to demonstrate that the decision-making process (both investment and decommissioning / disinvestment) was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

6.5. Prioritisation Framework

- 6.5.1. Making good decisions regarding health care priorities involves the exercise of fair and rational judgement and discretion. Although there is no objective or infallible measure on which such decisions can be based, a Prioritisation Framework (see **Appendix F**) enables decisions to be made within a consistent setting which respects the needs of individuals and the community. The MSE ICB recognises that its discretion will be affected by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE) technology appraisal guidance and Secretary of State Directions to the NHS.
- 6.5.2. The purpose of the Prioritisation Framework is to support and underpin the decision-making processes of the organisation (and decision-making bodies) and to support lawful and consistent commissioning policy.
- 6.5.3. This will be achieved by:
- Providing a coherent structure for discussion, ensuring all important aspects of each issue are considered prior to decisions being made.
 - Promoting fairness and consistency in decision making from meeting to meeting and with regard to different clinical topics, reducing the potential for inequity.
 - Providing a means of explaining the reasons behind the decisions made.
 - Reducing risk of judicial review by implementation of robust decision-making processes that are based on evidence of clinical and cost effectiveness and an ethical framework so that the decisions are made in a manner which is

fair, rational and lawful.

- Ensuring the values and strategic aspirations of the organisation are reflected in business decisions.

6.5.4. Providing a consistent approach for the development of strategy and plans across the whole system.

6.6. Prioritisation Criteria

6.6.1. Our prioritisation criteria are the means by which the ICB and our officers can assess submitted development proposals in a clear and transparent way. The Prioritisation Framework attached at **Appendix F** was developed based on our Strategic Plan and the key priorities and outcomes agreed by our Integrated Care Board.

Decision-Making

6.7. Stages of decision-making

6.7.1. **Appendix B** sets out the decision-making process. There are four stages:

- Planning (as described in section x) and 'Gateway 0'
- Business Case Development
- Formal Approval
- Monitoring, Review and Validation

6.7.2. All decisions will follow the decision-making process outlined herein. However, those for decommissioning or disinvestment will be subject to further consideration set out in from section 6.13.

6.8. Stage 1 - Planning and Gateway 0

6.8.1. Each planning team within the ICB reports into a workstream responsible for either overseeing performance or service transformation. These may be mid and south Essex system groups (e.g., workstreams reporting into portfolio groups led by the system Chief Executives or a stewardship group) or regional groups such as the 'Cancer Board'.

6.8.2. These workstreams are responsible for the generation of proposals for new investment, changing commissioning models or patient pathways or for decommissioning / disinvestment.

6.8.3. The System Investment and Disinvestment Committee will consider proposals from the ICB planning teams in terms of their commissioning intentions either at the outset of the year or during the mid-year review meeting.

6.8.4. Gateway 0 is a process established to ensure that firstly proposals accord to the approved commissioning intentions set by the IDC, that it is affordable within the financial constraints of the system and that they support a cohesive patient pathway across the system.

6.8.5. Groups involved in Gateway 0 are representative of system partners to ensure that there is a collaborative approach to any proposal for investment, decommissioning or disinvestment.

6.9. Stage 2 - Business Case Development

6.9.1. Business cases must be produced for new proposals or when a change to existing commissioning arrangements is proposed. The ICB template business case is to be followed unless there is a national requirement that a specific template be used e.g. when bidding for NHS England ringfenced funds or Estates related business cases.

6.9.2. Business cases are not required for:

- The re-procurement of an existing service where there is no significant change to the existing model and financial envelope.
- Use of ringfenced monies obtained via a bidding process.

6.9.3. It is important to ensure that all relevant experts (e.g. clinical or technical) are consulted and contribute to the development of a business case to ensure that it is a sound and robust proposal. This may include both the initial development of the case and presenting the case to appropriate forums or ICB advisory or assurance committees/groups. A summary of the groups that may be consulted and their role in decision making is included at Appendix G.

6.9.4. To ensure that all proposal comply with governance, legal and technical requirements, each element of the business case checklist must be completed, this will demonstrate:

- Alignment to the Integrated Care Strategy and strategic priorities (including those relating to health inequalities).
- Support from the relevant Stewardship Group, Senior Leadership Team, Executive Team, Financial Recovery Working Group, System Transformation and Investment Group and the Investment and Disinvestment Committee.
- Financial commitment.
- Engagement and co-production.
- Equality and Health Inequality Impact Assessments are undertaken and actions to address any impact have been identified.
- Compliance with legal requirements and procurement regulations.
- Compliance with digital and information security standards.
- Clinical, HR, Estates and governance requirements have been met.
- There is a commitment to the realisation of benefits as part of a cycle of continuous improvement.

6.9.5. The ICB has a legal duty to engage, outlined within its communications and engagement strategy, which will be following throughout the development of the business case proposal.

6.10. Stage 3 - Formal Approval

- 6.10.1. The Scheme of Reservation and Delegation sets out the roles and decision making that the Board has either retained or delegated to committees or individuals within or outside of the ICB. All cases requiring the commitment or withdrawal of funding must be approved in accordance with that scheme.
- 6.10.2. All cases must be supported by the Executive Team prior to being presented to either an Executive Director, CEO / Director of Resources, the Finance & Investment Committee or the Board (depending on the financial value involved).

6.11. Stage 4 - Monitoring, Review and Validation

- 6.11.1. The ICB recognise the need to ensure that we apply best practice performance and contract management principles to all contracts and subsequently reviews whether commissioned services are meeting the needs of the population (as identified through the Joint Forward Plan and demand analysis) 'and' are of high quality and best value for money.
- 6.11.2. On-going review of performance and the realisation of proposed benefits will be undertaken as part of a continuous cycle of contract management supporting the principles of continuous improvement and ensuring that services remain clinically relevant and viable.
- 6.11.3. The process for identifying potential services for decommissioning needs to be systematic and there are a number of mechanisms utilised by our staff to evidence the need for review such as benefits analysis working groups, complaints, public health needs assessments etc.

6.12. Principles of the Decision-Making Process

- 6.12.1. The Decision-Making Flow Chart is depicted in **Appendix B**.
- 6.12.2. The ICB acknowledges that all investments involve a degree of risk. In deciding whether to invest, the ICB will take into account the risk and return of the proposed investment.
- 6.12.3. Having made the decision to invest, the ICB will actively monitor and manage its investment to minimise the probability and impact of adverse outcomes.
- 6.12.4. If the ICB decides to approve the project, it will implement controls to minimise the probability and severity of loss associated with the project.

Decommissioning and Disinvestment

6.13. Reasons for decommissioning or disinvesting.

- 6.13.1. The drivers for proactively decommissioning a service include:
 - A persistent and serious risk to patient safety.
 - The service represents poor value for money.

- There is insufficient need/demand to warrant the current volume of service and/or number of providers.
- The service model is out-dated i.e., the outcomes have not changed but new evidence on the model of delivery has developed which cannot be met via a variation of the existing contract.
- The service is no longer a clinical priority – reassessment of priorities may mean that investment is required elsewhere and so certain ‘non-essential’ services may be decommissioned.
- A mismatch between need and the current profile of provided services is identified as one of the outcomes of e.g., Equality Health Inequalities Impact Assessment, and/or Joint Strategic Needs Assessments.
- The provider is not demonstrably delivering on agreed outcomes following mutually agreed remedial action.
- As part of a commissioning or market management strategy.

6.13.2. The drivers for reactively addressing decommissioning are:

- Advance mitigation of impact prior to natural expiry of a time-limited contract.
- Notice of termination of contract from the provider.
- Breach of contract served due to irreconcilably poor performance, poor patient experience, governance and/or risks to patient safety.

6.13.3. As the net impact of both actions is a cessation of a service, the following principles are universal.

6.14. Decommissioning / Disinvestment Principles

6.14.1. The process outlined below is guided by the following principles.

- Initiation of a decommissioning proposal must be based on tangible evidence.
- Appropriate stakeholders must be consulted before the decommissioning decision is made.
- The provider and commissioner obligations in relation to termination and expiry, resulting from decommissioning, is outlined within the respective contract.
- Detailed consideration must be given to the broad-ranging adverse impact of the decommissioning decision.
- The provider must be consulted as early as possible, and in line with contractual notice periods.
- Where the service is identified as being a requirement / priority area, alternative provision must be available or commissioned before decommissioning is enacted.
- Once decommissioning is agreed and/or is inevitable, and where adverse impact is anticipated a detailed implementation plan is required which clearly shows the actions and accountabilities including those to mitigate adverse impact.

- A smooth transition between outgoing and replacement provider (where relevant) is in the best interests of patients. Contractual terms are available to ensure exit arrangements and succession plans (where relevant) are conducted appropriately.

6.15. Criteria for disinvestment / decommissioning

- 6.15.1. The following points will be considered when making the decision to disinvest a service.
- The patient experience and health need must be paramount and gaps in service provision minimised once the service ceases.
 - The potential destabilising effect on other organisations e.g. third sector, of a decision to decommission/disinvest should be considered.
 - Equity of service provision across MSE ICS.

6.16. The Decommissioning or Disinvestment process

- 6.16.1. This decommissioning process will be followed unless an event as specified under the terms and conditions of the specific contract requires immediate termination. The decommissioning / disinvestment process is documented in **Appendix C**.
- 6.16.2. Service Restriction Policy: For a number of commissioned procedures MSE ICB operate a Prior Approvals Scheme setting out criteria for access, based on evidence of effectiveness or relative priority for funding. Those related to procedures are included within the Service Restriction Policy; those relating to prescribing can be found on the commissioner Medicines Optimisation website. Providers must not assume that because a procedure is not included in this document or listed on the Medicines Optimisations website that by default it will be funded. The latest version of the MSE ICB Service Restriction Policy can be accessed at: [1.-JC-FP001-Mid-South-Essex-SRP-v1.3-Updated-March-2023.docx \(live.com\)](#)
- 6.16.3. Individual Funding Request (IFR) Policy: ICBs are required to have a process for considering funding for individuals who seek NHS commissioned services outside established commissioning policies. There are, in general two types of requests (Category 1 and 2) that come before an Individual Funding Request (IFR) Panel, namely:
- Category 1** – Requests for funding treatments for medical conditions where the ICB has no established commissioning policy (commonly called IFR requests), and
- Category 2** – Requests for funding treatments for medical conditions where the ICB does have an established commissioning policy for that condition but where the requested individual treatment is not in the ICB policy or does not meet the criteria set out in the policy. The MSE ICB Individual Funding Request Policy can be accessed at: [Individual Funding Request Policy - Mid and South Essex Integrated Care System \(ics.nhs.uk\)](#)

- 6.16.4. The decommissioning process may, on occasion, be triggered by a contract review. These reviews are carried out with a frequency according to the perceived risks of the particular contract, and as set out in the contract. In some cases, decommissioning will be triggered by a significant event, such as a Serious Incident or a 'Never Event', failure to provide adequate assurance around policy and procedure documentation and compliance, failure to meet quality requirements within the contract or a failure to sign a contract variation for a change in service.
- 6.16.5. A review will be carried out by a multidisciplinary group constituted by the ICB for this purpose.
- 6.16.6. Using the proforma in **Appendix D**, a decision will be reached by the team as to whether to decommission or procure this service from an alternative provider. Evidence required at this stage to support the decision must be robust and provided as part of the proforma to enable the decision to be ratified and to provide detailed information for the appeals stage. Should the decision be not to decommission, then corrective action to resolve the issue must be taken.
- 6.16.7. In all cases the identified Operational Lead will complete an Equality Health Inequalities Impact assessment, as in **Appendix A**. This is to be supported by the prioritisation of resources framework attached at **Appendix F**.
- 6.16.8. The identified Operational Lead is required to ensure that appropriate consultation has taken place with all relevant stakeholders.
- 6.16.9. Stakeholders will include respective Health and Wellbeing Boards where relevant.
- 6.16.10. Should the decision be to decommission, then the decision must be reviewed by the relevant ICB Committee's to gain agreement for the decision. If the decision is regarding a service which affects more than one organisation, then approval for decommissioning must be gained from all.
- 6.16.11. Following approval, the decision will be communicated to the identified stakeholders to provide an opportunity for consultation. Stakeholders will include health and wellbeing boards.
- 6.16.12. Fifteen operational days will be allowed for this communication and queries from stakeholders to be dealt with before notice is served on the provider. The responsibility for serving notice on the provider is with the contract manager or as otherwise determined by the Chief Executive.
- 6.16.13. Formal public consultation in line with Health Overview and Scrutiny Committee guidelines must take place where the decommissioning of the service or contract results in a material change to the delivery of a service (except when the service is recommissioned), or where the service will not be recommissioned.
- 6.16.14. Following notification of decision to decommission the Commissioner and Provider (and if appropriate any successor provider) will jointly agree an Exit Plan/Succession Plan, as required under the contract for services, outlining

actions required by both parties for smooth service cessation. Where a clinical service, the plan will cover a minimum:

- Referrals, and patient transfer or discharge
- Patient continuity of care
- Patient records
- Staff
- Estate
- Equipment (also need to consider in relation to non-clinical services)
- Stock (where funded by the ICB)

6.16.15. The ICB lead will ensure mechanisms are in place where, in conjunction with the provider, execution of the Exit Plan/Succession Plan is actively managed.

6.17. Appeals Process

6.17.1. An appeal against a decommissioning decision will be accepted from the provider if the appeal is received within 10 operational days of the notice given, submitted to the following address: Phoenix House, Christopher Martin Road, Basildon SS14 3EZ, or E-mail: E-mail: mseicb.enquiries@nhs.net.

6.17.2. The appeal will be dealt with by the ICB within the required timeframe.

6.17.3. Evidence to be provided to the governing body or its designated committee or sub-committee will include copies of the relevant Contract Review Checklist and the supplementary evidence supporting this (**Appendix E**) and the Equality Health Inequalities Impact Assessment (**Appendix A**).

6.17.4. Where a service is decommissioned but the health need for a service remains, and is a priority, this should be recorded in the impact assessment and the funding ring-fenced for ongoing investment in meeting that priority health need.

6.17.5. Where decommissioning is the result of insufficient health need the funding should be identified as a financial efficiency saving and any reinvestment in alternative services as per the current investment planning and prioritisation process(es)

6.18. Assessment of Impact

6.18.1. In the event that a case for change is validated by sufficient supporting evidence, the identified Operational Lead are responsible for carrying out an impact assessment to identify the anticipated or actual impacts of the development intervention on health, social, economic and workforce factors. This impact assessment must be approved by our Quality Lead before decommissioning is undertaken.

6.18.2. The impact assessment must include:

- Health outcomes – the effect on health outcomes will be assessed to identify potential adverse consequences of decommissioning and what might to done to minimise them.

- Health inequality and equitable access implications - we believe that people should have access to health care on the basis of need. There may also be times when some categories of care are given priority in order to address health inequalities in the community. However, we will not discriminate on grounds of personal characteristics, such as age, gender, sexual orientation, gender identity, race, religion, lifestyle, social position, family or financial status, intelligence, disability, physical or cognitive functioning. However, in some circumstances, these factors may be relevant to the clinical effectiveness of an intervention and the capacity of an individual to benefit from the treatment.
- Workforce implications.
- Market implications.
- Geographic implications e.g. impact on transport links etc.
- Value for money.
- Impact on partner organisations.
- Environmental sustainability including impact on partners.

6.18.3. We will also communicate clearly, fully and continuously with ICB stakeholders before, during and following any decision by the ICB to decommission services. Decisions relating to decommissioning will follow the same approval routes as set for investment proposals.

6.19. Decommissioning / Disinvestment Assessment

6.19.1. The Decommissioning and Disinvestment Assessment document (see **Appendix D**), forms part of the auditable document trail for the decommissioning decision which may be legally challenged, therefore it must be completed factually, objectively and diligently. Decommissioning a health service will have both positive and negative impact. It is critical that the adverse impact on patients and on the wider health economy are understood and documented.

7. Monitoring Compliance

7.1. The CPMO will monitor compliance with this policy and procedure, ensuring that no service is commissioned / decommissioned without adherence to this.

7.2. The Quality and Finance and Investment Committees are responsible for monitoring compliance.

8. Staff Training

8.1. Training will be provided to all staff involved in making investment / decommissioning / disinvestment decisions, through the CPMO.

8.2. A Prioritisation Handbook has been developed to support staff to implement this policy and procedure.

9. Arrangements for Review

- 9.1. This policy and procedure will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy and procedure needs to be reviewed.
- 9.2. If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy and procedure will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

10. Associated Policies, Guidance and Documents

- ICB Prioritisation Handbook.

Associated Policies

- Individual Funding Request Policy
- Service Restriction Policy

11. References

- Castle Point and Rochford CCG Decommissioning and Disinvestment Policy.
- North East Essex CCG Prioritisation Framework.

12. Equality and Health Inequalities Impact Assessment

- 12.1. The EHIA has identified no equality issues with this policy.

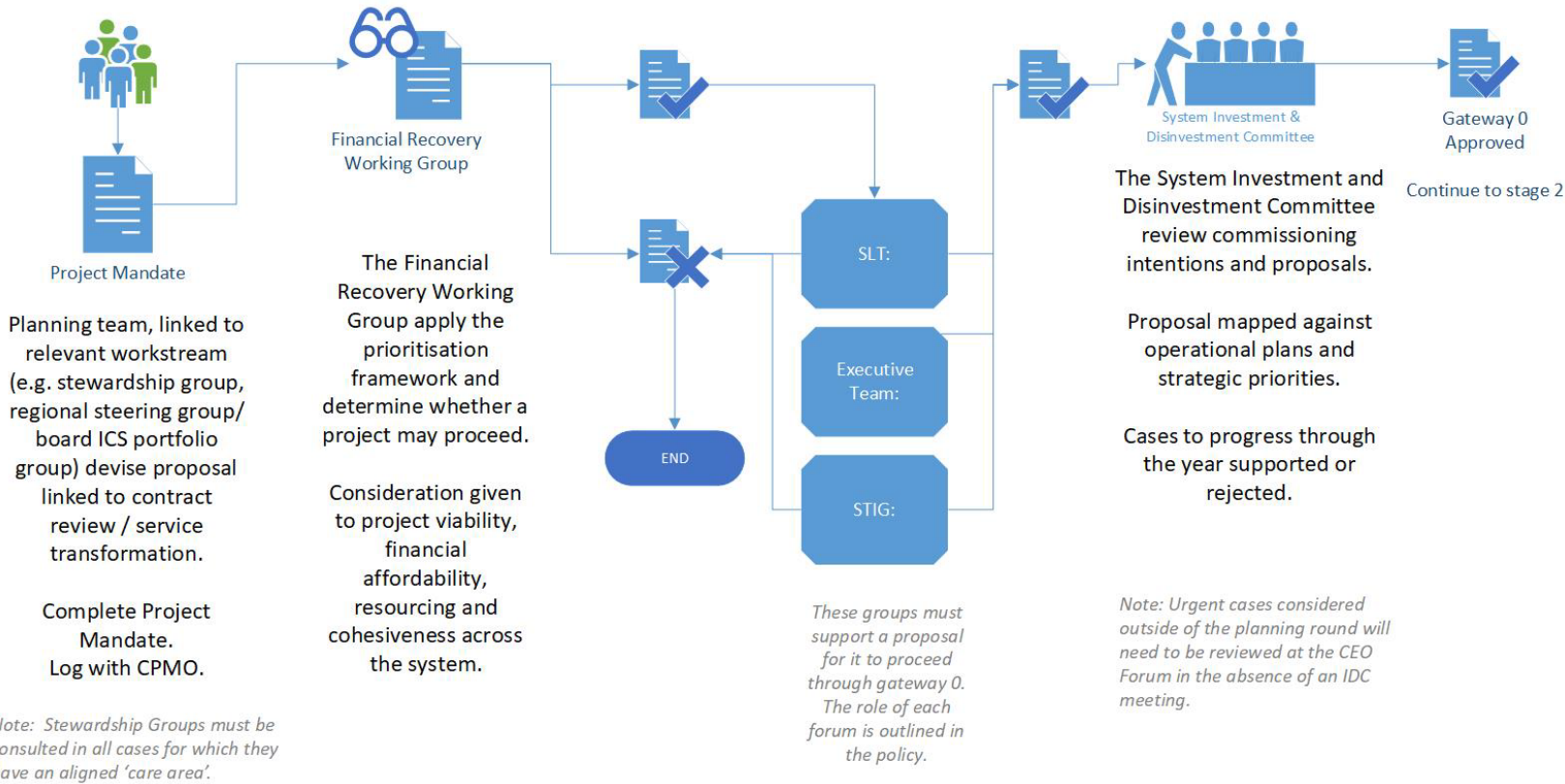
13. Appendices

Appendix A - Equality and Health Inequalities Impact Assessment (EHIA)

Please ensure that the link to the current EHIA is included.

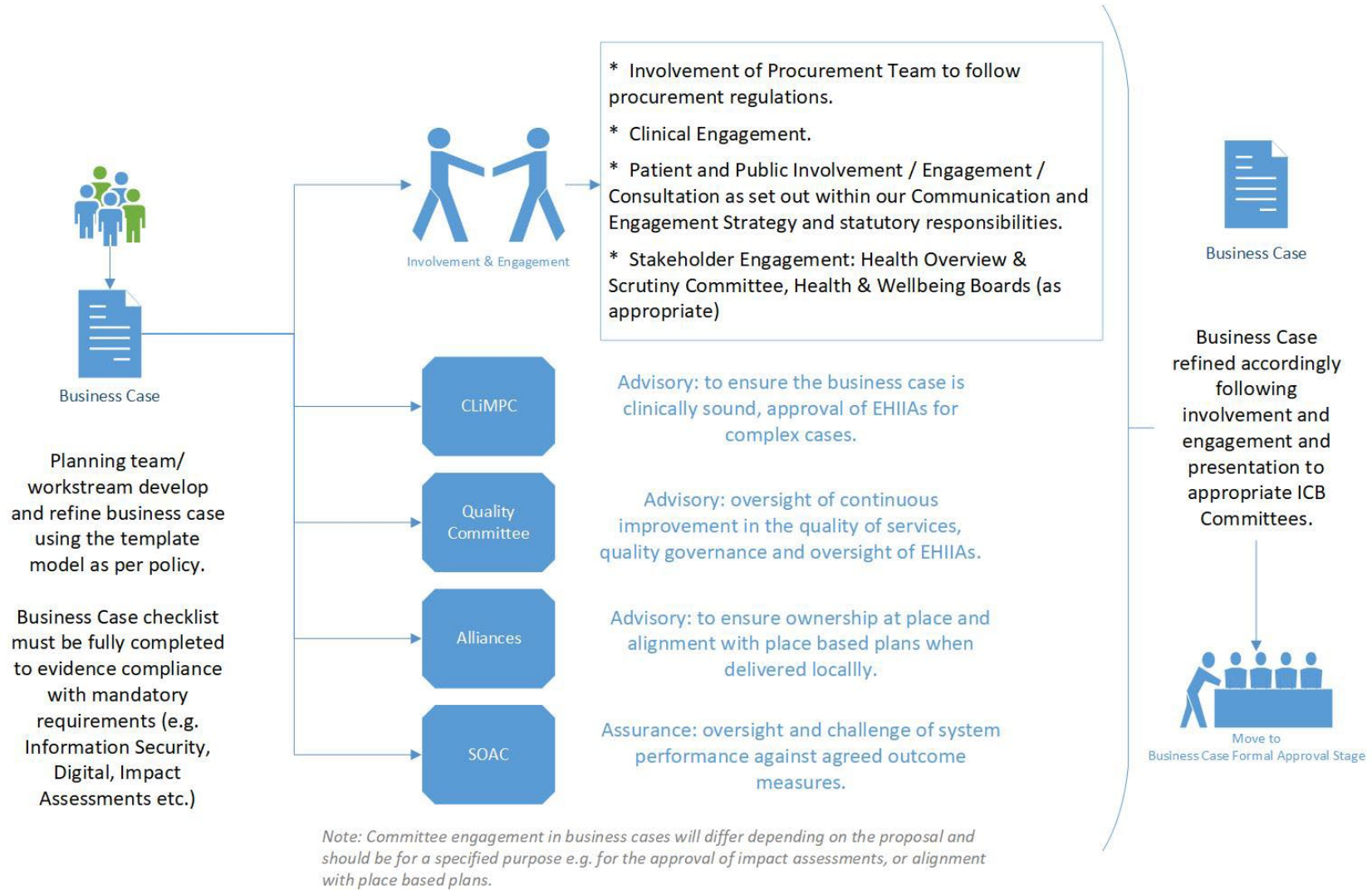
Appendix B – Decision Making Flowcharts

Stage 1 - Planning and Gateway 0 To ensure that the proposal fits with strategic priorities, is viable and affordable



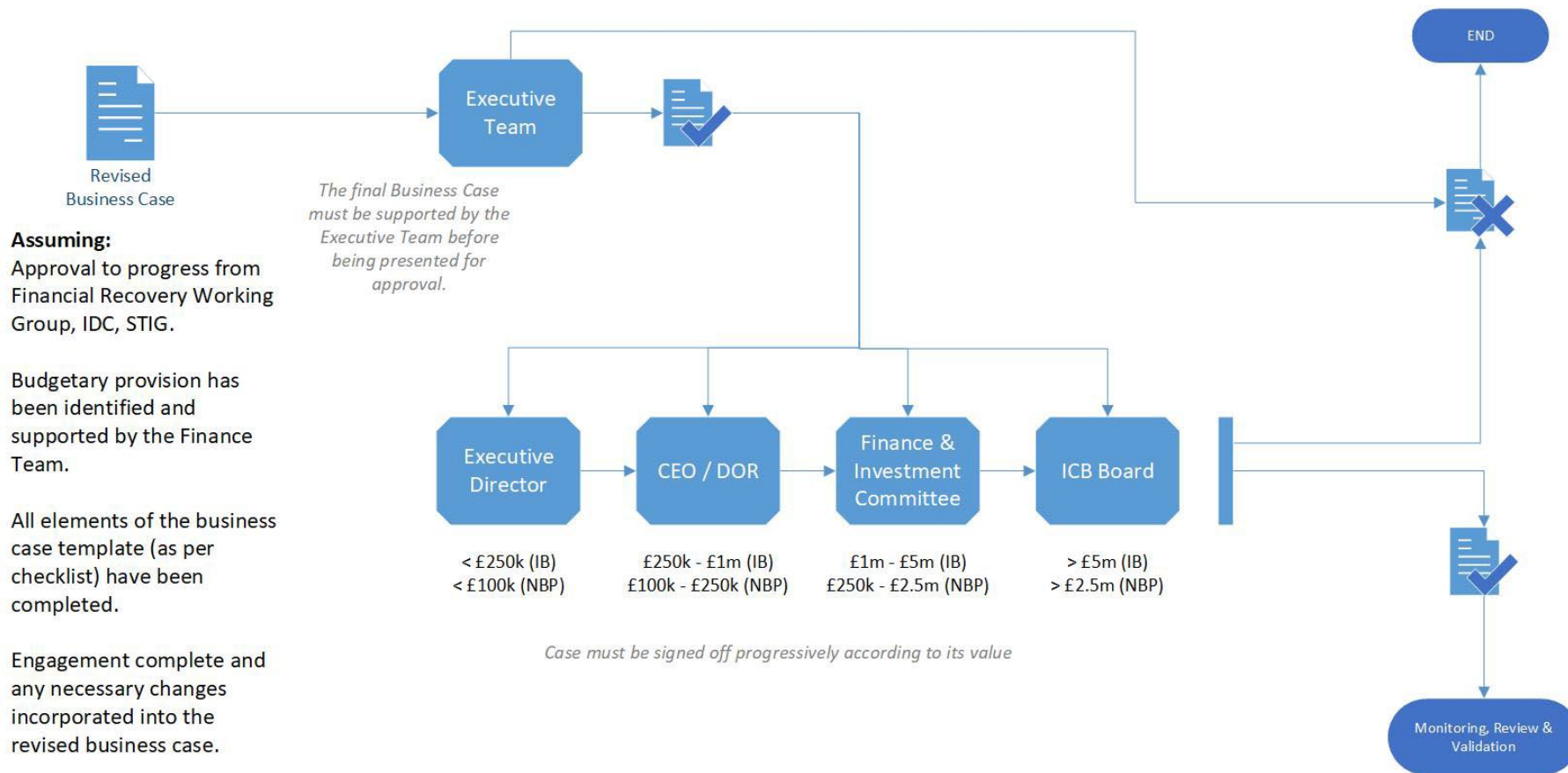
Stage 2 - Business Case Development

To ensure that the proposal fits with strategic priorities, is viable and affordable

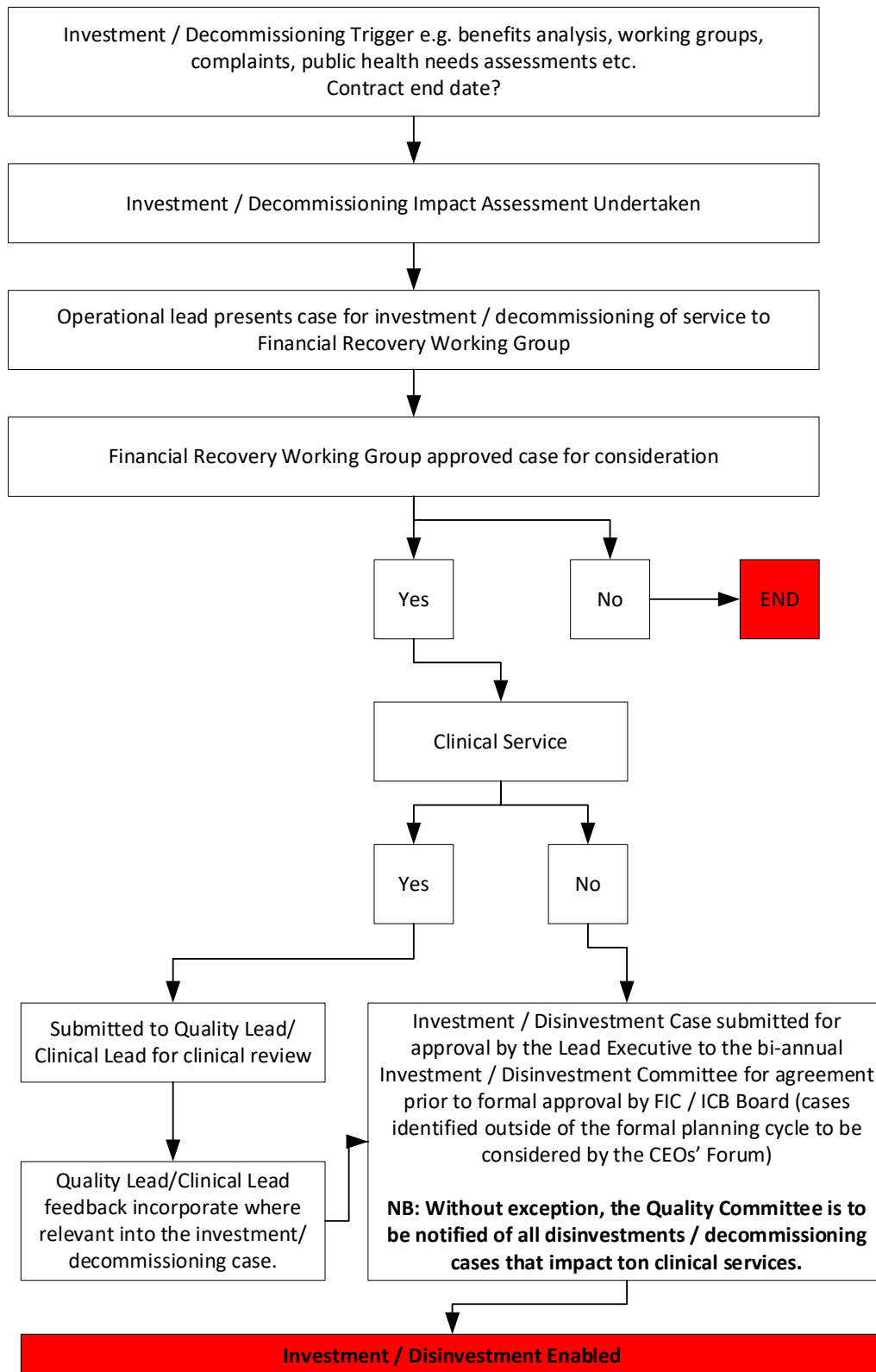


Stage 3 - ICB Formal Approval Stage

In accordance with Scheme of Reservation and Delegation.



Appendix C – Decommissioning Process Flow Chart



Appendix D – Decommissioning / Disinvestment Assessment

Service Considered for Decommissioning:	Annual Contract Value:	Approx. number of Patients Impacted:

This document forms part of the auditable document trail for the decommissioning decision which may be legally challenged, therefore it must be completed factually, objectively and diligently. Decommissioning a health service will have both positive and negative impact. It is critical that the adverse impact on patients and on the wider health economy are understood and documented.

Background – Information on Service:

Brief notes e.g. what it is, what it does, who provides etc.

Background – Procedure context and/or principle driver for Decommissioning:

DH requires that, if a variation to contract cannot be made, then terminate to enable required intervention. Otherwise, principle driver for considering decommissioning (proactive, reactive, safety, VFM, etc.).

Adverse Impact on the Patient:

Continuity of on-going care for those within service, pathway of care, access, distance travelled, is there another provider representing reasonable choice.

Positive Impact (Benefit) of Decommissioning:

The prime benefit from Decommissioning e.g. improved safety; simplified pathway; better value for money; better outcomes; market improvement; opportunity for reinvestment.

Adverse Impact on ICB including Finance:

Non-recurrent impact / one off decommissioning costs contractually borne by commissioner e.g. TUPE. Non-recurrent impact of replacement service overlapping with decommissioned service. Recurrent gross cost (cost of this service). Recurrent net cost (cost of this service less cost of any replacement or movement in demand). Transactional costs of decommissioning. Likelihood of public outcry at loss or perceived loss. Impact on ICB's reputation.

Adverse Impact on Provider:

Does the loss of this service/contract element compromise the provider's economic or physical ability to deliver other services? Fixed cost.

Adverse Impact on Health Market Economy:

Overall supply/demand balance, on upstream and downstream elements of care pathway, knock on to other providers, gap in provision, market diversity, loss of clinical skill, training opportunities etc.

Adverse Impact on Performance:

Does the cessation of service adversely impact any vital sign commitment e.g. cancer access, health inequalities, 18 weeks, access etc. (full list available on request)

Adverse Impact on Equality (Please complete the ICB Equality Impact Assessment proforma prior to completing this section).

[Equality Act 2010] Does cessation of service represent unequal treatment or discrimination or inequality of access on the basis of any of the nine protected characteristics.

Adverse Impact on Quality:

Does cessation of service impact on quality of services / patient care.

Adverse Impact on Rurality:

Does cessation of service represent unequal treatment or a barrier to access to service users in a rural location – if yes, how will this be mitigated.

Health Overview & Scrutiny Committee / Consultation:

Does the recommendation(s) below and the materiality of the change indicate that HOSC will have an interest/what consultation is particularly recommended/has taken place.

Recommendations:

Recommendation to decision making authority e.g. not to be decommissioned, decommission, decommission with stipulated conditions (state them).

Completed By:

Date:

Signed off by Financial
Recovery Working Group:

Date:

Appendix E - Contract Review Checklist

Evidence (to provide documentary evidence for questions below)	Provider	Conforms?	Data not Applicable	Data not Available
	Yes	No		
Does the provider meet the service specification and specified quality requirements?				
Actual activity v. contracted activity is significantly more or less (-/+5%)				
Activity cost v. contracted cost is significantly more or less (-/+5%)				
Are specified waiting times consistently maintained for more than 6 months.				
Does the service cost provide value for money? (if on local tariff, is it within reasonable limits, if block, is the reference cost within regional average? If QOF, within reasonable limits of regional average?)				
Have there been any significant patient safety/clinical governance issues? (such as SIs, CRB issues, breaches of policies?)				
Does the service meet current national strategy in terms of outcomes and expectations?				
Does the service conform with existing patient pathways? (i.e. part of a referral pathway to other services?)				
Does the evidence base e.g. NICE etc. identify that the service is clinically effective? (parliamentary enquiries could provide evidence?)				
If the service is provided by a single practitioner, has this impacted on service delivery during the practitioners absence?				
Does the service reduce activity and costs elsewhere in the pathway?				
Was the outcome of the service evaluation positive?				
Is there evidence of contractual breach, noting light touch approach in place since COVID, in particular with System Partners				
Has the Provider been issued with a performance notice within the current financial year?				
Is a Remedial Action Plan currently in place?				
Has the service Provider had patient concerns/complaints raised against them?				
If yes, have these concerns/ complaints been upheld by internal or external governance processes?				

Are there any other data from the review to consider? (please attach with indication below of conclusion following review of this data)				
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Decision:

Recommission:

Decommission:

Signed by ICB
Quality Lead:

Date:

Signed by
Chief Finance
Officer:

Date:

Approving
Committee:

Date Approved:

Please list names of attendees ratifying this decision:

Appendix F – Prioritisation Framework

CRITERIA	MEASURE (M)				WEIGHTING (W)	CRITERION SCORE (M)
	None (M=0)	Low (M=1)	High (M=2)	Maximum (M=3)		
1. Addresses Health Need – Addresses a health need identified in Joint Forward View Plan	Does not address a health need identified in the JSNA/HNA	Addresses a health need identified in the JSNA/HNA	Addresses a priority health need identified in the JSNA/HNA	Addresses a priority health need among >10% ICB residents OR multiple health needs	To be agreed	
2. Patient and Public Acceptability, Expectation and Involvement – Patient acceptability of treatment – Public expectation – Contribution to patient autonomy, responsibility for and involvement in decisions about their health.	Low public acceptability AND/OR no public expectation AND/OR no contribution to patient autonomy	Low public acceptability OR low public expectation OR small contribution to patient autonomy	High public acceptability OR high public expectation OR high contribution to patient autonomy	More than one of high public acceptability, high public expectation, high contribution to patient autonomy		
3. Impact on Health Inequalities – Likely contribution to reducing health inequalities	Could increase health inequalities	No impact on health inequalities	Slight reduction in health inequalities	High reduction in health inequalities		
4. Evidence of Effectiveness – Strength of evidence of benefit	No evidence of effectiveness, but no evidence of ineffectiveness	Some evidence from case series, cohort studies, unpublished data, or expert opinion.	Some evidence of effectiveness including cohort studies or non-randomised, non-blinded trials	Strong evidence of effectiveness e.g. from meta analyses/ systematic reviews, or randomised, blinded, controlled trials		
5. Benefit of Intervention – Magnitude of health improvement for patient, as	Lower magnitude of effect AND No wider benefits	Lower magnitude of effect OR	Higher magnitude of effect OR Some wider benefits	Highest magnitude of effect AND/OR Some wider benefits		

<p>indicated by evidence on intervention</p> <ul style="list-style-type: none"> – Wider benefits to services and society 		No wider benefits				
<p>6. Access</p> <ul style="list-style-type: none"> – Provides care closer to home – Improves access for marginalised groups 	Negative impact on access	No impact on Access	Positive impact on access	Strongly positive impact on access		
<p>7. Strategic Alignment</p> <ul style="list-style-type: none"> – With National/Regional/Local strategic priorities – With UTLA and partners' priorities; potential for shared resources – With social, political and technological developments e.g. Sustainability, Public Services (Social Value) Act 	Not aligned with any	Some alignment	Reasonable alignment with multiple priorities	Strong alignment with multiple priorities		
<p>8. Service Quality and Safety</p> <ul style="list-style-type: none"> – Contribution to quality improvement e.g. effectiveness, national standards, safety, patient experience, waiting times, integration of care etc 	Negative or no impact on quality	Some positive impact on quality	Strong positive impact on one quality dimension	Strong positive impact on multiple quality dimensions		
<p>9. Patient Choice and Service Supply</p> <ul style="list-style-type: none"> – Contribution to improved patient choice e.g. increased choice due to changed opening times, geography, distances travelled – Contribution to improved supply e.g. facilitates patient switching, increases provider concentration, promotes provider market entry, improves service responsiveness 	Negative or no impact on choice AND supply	Positive impact on choice OR supply	Positive impact on choice AND supply	Strongly positive impact on choice AND supply		

10. Health Economy Impact and Risk – Risk of not doing to health economy – Impact of intervention on partners	None	Low	Medium	High		
				TOTAL SCORE		

Appendix G – Role of Committees in Decision Making

Committee / Group	Type	Purpose
ICB Board	Decision Statutory	Responsible for overall governance of ICB and maintains responsibility for approving business cases/investment decisions >£5m (within agreed budgets) / >£2.5m (with no budgetary provision).
Finance & Investment Committee (F&IC)	Decision	Responsible for overseeing financial management/performance and for approving business cases/investment decisions between £1m-£5m (within agreed budgets) / £250k-£2.5m (with no budgetary provision).
Quality Committee	Assurance	Responsible for overseeing continued improvement in the quality of services, quality governance and oversight of Equality/Health Inequality Impact Assessments e.g. in support of business cases, ensuring they are adequately governed.
Clinical & Multi-Professional Congress (CLiMP)	Advisory	Advisory committee driving the identification and delivery of transformation programmes across the ICS; providing clinical and professional scrutiny; acting as a sounding Board of multi-professionals across health and care sectors. Clinical advice to major cases.
Primary Care Commissioning Committee (PCCC)	Decision	Decision making committee in relation to the ICB's delegated functions for Primary Care. Approval of core contractual investments (including Primary Care estate).
Senior Leadership Team (SLT)	Advisory Endorsement	Executive Officer direct line reports from all Directorates across ICB, providing insight and guidance to development of ICB business and achievement of ICB objectives. Functions as the operational "engine room" of the ICB. All expenditure exceeding £50k must be 'approved in principle' by the SLT.
System Transformation and Investment Group (STIG)	Advisory Endorsement	Gateway for transformation programmes (Business cases requiring FIC approval or investments that have cross-system implications). Ensures strategic alignment, cross system outcomes and benefits realisation.
Stewardship Groups	Advisory Endorsement	Targeted groups overseeing and innovating to ensure the ICB achieves the Triple Aim. Respiratory, Cardiology, Cancer, Stroke, UEC, Ageing Well – currently established. Diabetes, Dermatology, Ophthalmology, MSK, CYP, Mental Health – being developed.
Health Overview and Scrutiny Committees (HOSC)	Statutory	Statutory committee with overview / scrutiny of health decisions. To be consulted regarding significant change. Power to refer decisions to the Secretary of State.

Health & Wellbeing Boards (HWB)	Statutory	Overseeing the delivery of the Health and Wellbeing Strategy. To be consulted regarding significant change.
Audit Committee	Assurance Statutory	No decision making powers, but responsible for overseeing systems of internal control. All approved waivers must be reported to and scrutinised by the audit committee.
System Oversight & Assurance Committee (SOAC)	Assurance	Providing oversight and challenge on system performance against agreed outcome measures, constitutional standards and associate transformation programmes.
ICB Executive Team	Assurance Endorsement	Responsible for delivery of ICB objectives, including performance, quality and financial plans. It will delegate activities, tasks and mitigations of risks to the SLT and receive escalations and responses from SLT in respect of business case proposals.
Chief Executives Forum	Assurance Endorsement	Group of Health System Chief Executives/Leaders accountable for the achievement of system objectives. Will determine and agree system responses to operational, financial and performance challenges.

Appendix H – Business Case Checklist

SLT Support?		Procurement Route approved?	
Engagement complete?		Compliant with procurement policy?	
Co-produced?		Entered on procurement register?	
Meets strategic objectives?		Meets duty to reduce inequalities?	
Equality Impact Assessment complete?		Privacy Impact Assessment Complete?	
Budget available / approved?		Meets Regulator requirements?	
Committee Support?		Contributes to Net Zero sustainability requirements?	
Contributes to Social Value?		Benefits clearly set out (SMART)?	
Advice obtained from Estates?		Advice obtained from Finance?	
Advice obtained from Digital/IT/IG?		Advice obtained from HR?	
MSE Partners / Stewardship consulted?		Exec/STIG Endorse?	
Service specification included as appendix?		Impact across system assessed and addressed?	

Part I ICB Board meeting, 28 September 2023

Agenda Number: 14.2

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 set out in the latest 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 September 2023.



Mid and South Essex
Integrated Care
System



Mid and South Essex









Board Assurance Framework

September 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: <ul style="list-style-type: none"> Workforce Strategy Primary Care Workforce Development (see Primary Care Risk) Provider recruitment Managing the care market 	L Adams	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Primary Care Strategy Workforce Development Primary Care Network Development Financial and contractual framework. 	Dr M Sweeting	<ul style="list-style-type: none"> Patient Survey Results. Workforce Retention. Improved Patient to GP Ratio. Better patient access, experience and outcomes 	4 x 5 = 20 
3.	CAPITAL <ul style="list-style-type: none"> Making the hospital reconfiguration a reality Estates Strategy Integrated Medical Centre Programme Digital Priorities and Investment 	J Kearton	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Managing 111 and Out-of-Hours Flow, Discharge, Virtual Ward projects Discharge to Assess 	K Wesson	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Clearing waiting list backlogs 	K Wesson	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Financial Improvement Plan System Efficiency Programme Use of Resources 	J Kearton	<ul style="list-style-type: none"> Finalise Medium Term Financial Plan Agree trajectory for financial breakeven Delivery of system efficiencies programme for 2023/24. 	5 x 4 = 20 
7.	INEQUALITIES <ul style="list-style-type: none"> Inequalities Strategy Data Analytics Population Health Management 	D Doherty	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Workforce challenges Demand and capacity Performance against standards External scrutiny Addressing health inequalities/equitable offer across MSE. 	Dr G Thorpe K Wesson	<ul style="list-style-type: none"> 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 a reliable pipeline of staff to fill future vacancies.	Risk Score: (impact x likelihood)	4 x 5 = 20
Risk Owner/Dependent:	Lisa Adams, Interim 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 showing slight improvements, as is bank and agency usage. Turnover improving – notably in MSEFT it has not gone up for over a year, reducing month on month since July 2022 . ICB itself currently going through restructure resulting from a mandate to reduce costs, so the focus is on retaining critical skills where possible and an organisation design that can maximise use of resources.

How is it being addressed? (Current Controls)

<p>Focused workstreams of the reformed People Board across two areas: 1. Right Workforce Right Cost and 2. Great Place to Work and Build a Career:</p> <ol style="list-style-type: none"> 1. Overlay new National Workforce Strategy onto MSE workforce plans to reflect actions in 5-10 year workforce plans (broadening to include social care) whilst maintaining focus on immediate needs agreed at the Workforce Summit in June. 2. Accelerate work on expansion of apprenticeship schemes – mapping programmes in key shortage areas. 3. Agree better utilisation of roles that will transform capacity e.g. ACPSSs, Physician Associates & ARRS. 4. Achieve reduction in bank and agency spend where there is scope (at a minimum to achieve plan and compliance) – controls have been put in place for agency use as part of wider workforce efficiencies plan. Regular reviews of 'top 20' agency spend alongside a focus on recruitment into those posts. Regarding Bank, triple lock controls in place in MSEFT and medical & nursing advisory groups are overseeing usage, so that there is greater leadership responsibility for approval of temporary staff. 5. Continuous improvements to data & evidence base used to drive workforce plans/make staffing decisions and leadership ownership of this data-driven approach. 6. Cross-system recruitment campaigns to attract people into health, care and the voluntary sector in MSE. 7. Roll-out and embed System Recruitment hub model, starting with Healthcare Support Workers (HCSW) recruitment and induction then scaling to other roles. Funding has been secured for this Centralised Recruitment Hub approach to include induction and retention initiatives. EPUT has agreed to host. 8. Embed those elements of the EDI strategy that will have the most impact on our ability to recruit and retain. 9. Accelerate commitment to flexible working via the roll-out of self-rostering. 10. Unlock movement of staff by agreeing an MOU/Digital passport to be adopted by all stakeholder organisations. 	<p>Barriers (Gaps)</p> <ul style="list-style-type: none"> • Vacancy data quality has improved and agreed baseline established –but work continues to increase granularity of data so that it can be better used to inform workforce planning and recruitment. • Very large volume of vacancies in already challenged domestic market. • Potential impact of industrial action on progress on Bank & Agency efficiency - temporary staffing could drive up costs/usage. • Potential impact of industrial action on retention - whether perception of lack of progress or impact on wider morale.
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How will we know controls are working? (Internal Groups and Independent Assurance)

- Regular Workforce reporting to SOAC (monthly) and People Board (bi-monthly).
- 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 tested via People Survey and regular 'pulse' surveys.

Next Steps:

- Drive scale and pace of changes via reformed People Board and the workstreams agreed in September. These workstreams have been designed to ensure traction on actions agreed earlier in the summer at the Workforce Summit. Each workstream will have a People Board Champion and a working group comprised of people across the system.

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 Matt Sweeting, Interim 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	Barriers (Gaps)
<p><u>Workforce:</u></p> <ul style="list-style-type: none"> 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. <p><u>Demand/Capacity:</u></p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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)
<ul style="list-style-type: none"> Local response to the National Access Recovery Plan (Plan due to be presented to ICB Board in November 23). 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)	Next Steps (and date):
<ul style="list-style-type: none"> Patient Survey Results. Workforce Retention. Improved Patient to GP Ratio. Resulting in better patient experience and access. Consultation data (volume, speed of access), digital tool data (engagement and usage) 	<ul style="list-style-type: none"> Cloud based telephony – 43 critical practices identified to sign up to CBT by March 24. PCNs Demand and Capacity responses reviewed – feedback in October 24. Integrated Neighbourhood Team Scheme – reworked submissions due end of Sept 23. Care Navigation (new pathways established) – go live by end of Sept 23. Recruitment of ARRS roles – finalise ARU commissioned optimising ARRS review. Secure additional Tiger Team Capacity – adverts due to be placed by end of Sept 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	Barriers (Gaps)
<ul style="list-style-type: none"> Delivering the capital plans as per the investment plan (pipeline). Future decisions to be made based on available capital and revenue resources. 	<ul style="list-style-type: none"> 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)
<ul style="list-style-type: none"> 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)	Next Steps:
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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: Committee:	Oversight, Assurance and Delivery. MSE Strategic UEC Board and System Oversight and Assurance Committee (SOAC).
Impacted Strategic Objectives:		BAF Ref:	PLACE04

Current Performance v's Target and Trajectory	Barriers (Gaps)
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.	<ul style="list-style-type: none"> 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)
<ul style="list-style-type: none"> 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 compiled by hospital site, feeding into one aggregated MSEFT trajectory. Further trajectory submitted in September 2023 to stretch to a 80% performance delivery for quarter 4 of 2023/34. 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 (report to be submitted to Part I Board, 28 September 2023). SHREWD Resilience now fully operational and embedded into daily practices. 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)	Next Steps
<ul style="list-style-type: none"> MSE Strategic UEC Board (monthly) oversees programme and reports into (SOAC) and ICB Board. Delayed hospital discharges monitored hourly/daily by hospitals and shared with social care and CHC teams via situational awareness 10am system call. 	<ul style="list-style-type: none"> MSE UEC Recovery Programme from national UEC Recovery Plan in place. Oversight and responsibility with UEC System Director to track progression of action delivery with ICS partners at 'UEC Transformation & Improvement Board'. Monthly monitoring at the Board Missed opportunities audits to be linked to UEC Recovery Programme action plan (July 202). NHSE writing-up findings for sharing (Sept 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 week undertaken in September with evaluation for completion on 22 September for final model agreement and deployment timetable. Introduction of Pathway Light in IC24 (Completed) MSE system with AGEM to create and adopt a MSE system bed/capacity & demand model – pilot commenced 4 September 2023 Winter plan submitted – triggers required for opening up acute beds as per winter plan – October 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, Interim Director of Oversight, Assurance and Delivery	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	Barriers (Gaps)
<p>Diagnostics: Decrease in both 13+ and 6+ week backlogs for 7 consecutive months to July 2023.</p> <p>Cancer: Waiting times remain below NHS constitutional standards. MSEFT recovering the variance from the 23/24 plan submission in the number of people waiting over 62 days.</p> <p>Referral to Treatment:</p> <ul style="list-style-type: none"> 65+ week wait: MSEFT on trajectory to reduce to zero people by March 2024 to meet national expectation. As at July 2023 there were 2,471 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 July 2023 position has increased to 11,041 patients. 	<ul style="list-style-type: none"> 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 - 2023/24 plan will incorporate sustainability for fixed term posts and includes CNS review and alternate workforce/skill mix – MSEFT reviewing substantive workforce and how can reduce reliance on Cancer SDF funding. UEC pressures impacting on elective capacity - with implementation of full capacity protocols across MSEFT sites. System support and oversight to expedite flow in place – <u>see hospital flow BAF</u> 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)
<p>Diagnostics:</p> <ul style="list-style-type: none"> 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. <p>Cancer:</p> <ul style="list-style-type: none"> Day Zero Patient Tracking List (PtL) –focus across focussed specialities. Daily review of PTL and next steps with all tacking focused on trajectory compliance. <p>Referral to Treatment (RTT):</p> <ul style="list-style-type: none"> 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)	Next Steps (Actions to be implemented and ongoing)
<ul style="list-style-type: none"> 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 154% the significant risk overseen via elective board. Fortnightly meetings with National Team as a Tier 1 Trust. 	<p>RTT and Cancer:</p> <ul style="list-style-type: none"> 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 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 term.	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	Barriers (Gaps)
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<p>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) <i>(The ICB itself will deliver a surplus, so the risk relates to the ICB responsibility for meeting the system control total)</i></p> <p><i>It should be noted that the system monthly position has continued to diverge from plan, and is at M5 (draft position) £19.9m worse than plan at £38.5m deficit.</i></p>	<ul style="list-style-type: none"> - 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.
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How is it being addressed? (Controls & Actions)

<ul style="list-style-type: none"> • 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.
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How will we know controls are working? (Internal Groups & Independent Assurance)	Next Steps:
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<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> - Finalise Medium Term Financial Plan - Agree trajectory for financial breakeven - Delivery of system efficiencies programme for 2023/24.
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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 4 = 16
Risk Owner/Dependent:	Dan Doherty, Interim 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		Barriers (Gaps)	
<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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)			
<ul style="list-style-type: none"> Population Health Improvement Board (PHIB) 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 p.a health inequalities funding. Health inequalities stocktake (Q1) provided to NHS England against the 2023/24 planning requirements and delivery against the Core 20 plus 5 framework, reported to Health Inequalities Delivery Group. MSE suggested maturity matrix status had improved from Foundation to Developing in areas of Prevention, Leadership and Hypertension case finding Health inequalities funding of £3.4m pa, ~80 projects commissioned in 22/23 in implementation with evaluation being supported by University of Essex. Alliances have appointed trusted partners for 3 year period from 1 Sept. 23 to support with management of Health Inequalities funding and PHIB approved 12 MSE system wide at scale schemes covering priority areas. Equality and Health Inequalities Impact Assessments (EHIA) undertaken for each project. Development of digital EHIA tool progressing well to embed common approach across the system. Developing a culture and system capability for addressing health inequalities progressing through comms and engagement regarding Core20plus5 frameworks, community collaborators programme and roll out of four questions to promote shared decision making 			
How will we know controls are working? (Internal Groups and Independent Assurance)		Next Steps (Actions to be implemented by September 2023)	
<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> Creation of a health inequalities dashboard (November 2023) Mobilisation of 2023/24 HI Funded Projects (September 2023) Launch of digital EHIA tool (September 2023) Improvement in identification of groups at greatest risk anticipated by (December 2023) Delivery of Alliance plans to reduce Health Inequalities (March 2024) 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:	Dr Giles Thorpe, Executive Chief Nurse Karen Wesson, Interim Executive Director Oversight, Assurance and Delivery	Directorate:	Nursing & Quality/Oversight Assurance & Delivery.
Impacted Strategic Objectives:	Patient Experience, Workforce, Reputational Damage	Committee(s):	Quality / System Oversight & Assurance
Current Performance v's Target and Trajectory	Barriers (Gaps)		
<ul style="list-style-type: none"> Sub-Optimal performance against several quality and contract indicators, lack of formal contractual oversight for escalation. Demand, capacity and flow issues resulting in long length of stay and 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), new Chair announced September 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 (ASD) and wider neuro divergent pathway (NDD) . 		<ul style="list-style-type: none"> 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)			
<ul style="list-style-type: none"> 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)	Next Steps:		
<ul style="list-style-type: none"> CQC action plan progression. Clinical Quality Review Group. Quality Assurance visits. Improved flow and capacity, reduction in OOA placements and reduced length of stay. Mental Health Partnership Board & Whole System Transformation Group (WSTG). 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. 	<ul style="list-style-type: none"> Risk summit scheduled for 6 October 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 Tuesday' (older people) and Fridays (Adult) with system partners). Implement recommendations from CQC inspections and HM Coroner's PFDR. ICB Board endorsement of Southend, Essex & Thurrock Mental health strategy which been signed off. 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 August 2023

- Financial Sustainability (25)
- Constrained Capital Funding Programme (25)
- Workforce Instability (16) ↓
- Capacity and Patient Flow Impacting on Quality and Safety (16) ↓
- 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)
- Integrated care system working* (16) ↑

*relates to the impact of the senior leadership changes and ICB restructuring on system working. Increased from moderate, but expected to reduce once ICB restructure is complete.

Partner Organisation Self Identified Risks

EPUT as of September 2023:

4 Red Strategic Risks (all scored 20)

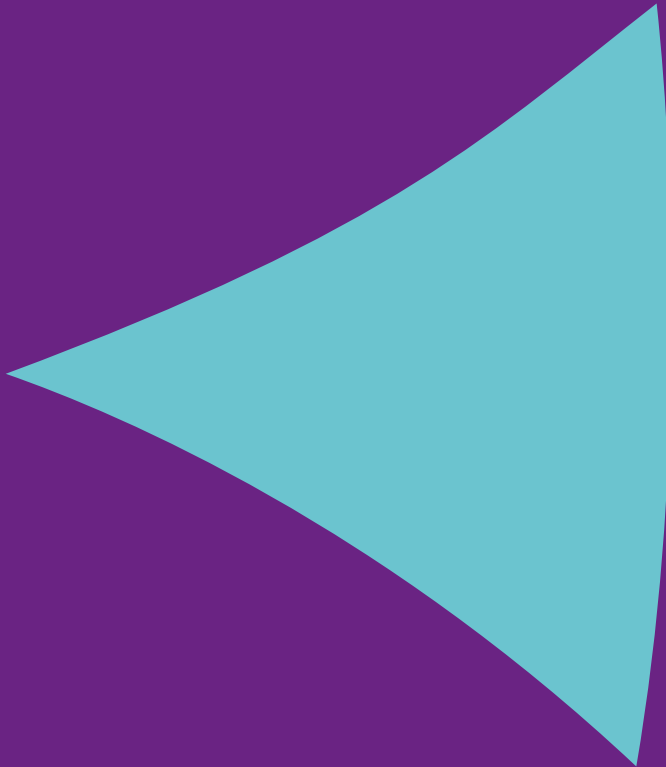
- People (workforce capacity)
- Demand and Capacity (services)
- Capital resource for essential works and transformation programmes.
- Safety



Mid and South Essex
Integrated Care
System



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

Part I ICB Board meeting, 28 September 2023

Agenda Number: 14.3

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), 20 June 2023.
- Finance and Investment Committee (FIC), 16 August 2023.
- Primary Care Commissioning Committee (PCCC), 2 August 2023.
- Quality Committee (QC), 30 June 2023.
- System Oversight and Assurance Committee (SOAC), 12 July 2023.

2. Chair of each Committee

- George Wood, Chair of AC.
- Joe Fielder, Chair of FIC.
- Sanjiv Ahluwalia, Chair of PCCC.
- Dr Shahina Pardham, Interim Chair of QC.
- Anthony McKeever and George Wood, Co-Chairs 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 20 June 2023 at 1.00 pm

Via MS Teams and Face to Face at Phoenix Court

Attendees

Members

- George Wood (GW), Non-Executive Member, MSE ICB – Audit Committee Chair.
- Dr Geoffrey Ocen (GO), Associate Non-Executive Member, MSE ICB.

Other attendees

- Joe Fielder (JF), Non-Executive Member, Finance & Investment Committee Chair, MSE ICB.
- Jennifer Kearton (JK), Director of Resources, MSE ICB.
- Nicola Adams (NA), Deputy Director of Governance and Risk, MSE ICB.
- Tendai Mhangagwa (TM), Deputy Director of Finance for Financial Services & Management, MSE ICB.
- Darren Mellis (DM), Senior Financial Control Manager, MSE ICB.
- Helen Chasney (HC), Governance Officer (Minute Taker), MSE ICB.
- Janette Joshi (JJ), Deputy Director System Purchase of Healthcare, MSE ICB (for Item 13).
- Iain Gear (IGe), Head of Information Governance, MSE ICB.
- Jim Cook (JC), Deputy Director of EPRR and Operational Resilience, MSE ICB (for Item 16).
- Sara O'Connor, Head of Governance and Risk, MSE ICB (for Item 8).
- Emma Larcombe (EL), Director, KPMG LLP.
- Nathan Ackroyd (NA), Senior Manager, KPMG LLP.
- Nancy Waldron (NW), Senior Internal Auditor, WMAS.
- Eleni Gill (EG), Lead Counter Fraud Manager, WMAS.

Apologies

- No apologies received.

1. Welcome and Apologies

GW welcomed everyone to the meeting and introduced the new committee member, Geoffrey Ocen, Associate Non-Executive Member. It was noted that JF was attending the meeting as an observer and on behalf of the Finance & Investment Committee for the item presented on the ICB Accounts.

There were no apologies received.

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 11 April 2023 were received.

Outcome: The minutes of the meeting held on 11 April 2023 were approved as an accurate record.

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

4. Internal Audit

Head of Internal Audit Opinion

NW presented the internal audit opinion for the period up to end of March 2023 and reported that reasonable assurance was provided. This was based partly on the design and operation of the Board Assurance Framework and the outcome of the audit work that has been undertaken during the year.

Outcome: The Committee NOTED the Head of Internal Audit Opinion.

Internal Audit Progress Report

NW presented the Internal Audit Progress Report and reported that of the 18 planned audits, 12 were completed and 3 postponed.

The audit on the Data Security and Protection Toolkit process was in progress and due to be completed at the end of June, subject to evidence being submitted. A report should be received by 28 June 2023 to enable feedback to be provided.

The Patient, Carer and Resident Engagement report received a 'requires improvement' rating due to the strategic approach being in draft form with no clear timetable finalisation. One high priority, 4 medium and 1 low priority recommendations were made to strengthen processes for engagement.

GW commented that the patient experience story would normally be received by Quality Committee and the Board would be more interested in patient stories that involved partnership working with communities and the voluntary sector. JK advised that patient stories had been presented to Board previously and that Jeff Banks, Director of Strategic Partnerships, has been involved with the Alliances for the development of the Joint Forward

Plan, that provided specific examples of good practice in engagement.

NA advised that the audit report process required review and that a more thorough process for receiving management responses for reports rated as 'requires improvement' should be established.

NW reported that reasonable assurance was provided for the Key Financial Systems audit with six out of the seven actions completed.

The EPRR audit was reported as 'requires improvement', noting that processes had been developed to support job roles/functions, however there was no defined standard operating procedure which could impact the resilience of the system control centre should the current staff be unexpectedly unavailable. The high priority action was regarding a centralised business continuity plan needing to be in place.

NA assured the audit committee that action plans relating to the reports on engagement and Emergency Planning Resilience and Response (EPRR), that also receive a 'requires improvement' opinion, would be brought back to the next audit committee.

The Payroll audit was reported as providing reasonable assurance, with all 4 actions being implemented.

The Risk Management audit provided reasonable assurance noting that risk management mandatory training had since been introduced and the implementation of Datix would enhance the risk management processes.

The Safe practice/cyber security audit had not been completed as evidence had not been submitted in a timely manner due to lack of internal resource.

NW provided an update on the management actions and advised that the action on the personal health budget audit had a revised due date to reflect personalisation being amalgamated to cover the Mid and South Essex footprint for All Age Continuing Care.

The action relating to the Implementation of Ockenden Review recommendations had been revised due to the review of the maternity specification following the recent publication of the NHS England 3-year delivery plan for maternity and neonatal services.

NA thanked Jane King, Governance Lead, for the volume of work completed in obtaining evidence to support the completion of recommendations follow-up.

GW asked if the terms of reference for the Population Health Management Audit could be shared for assurance regarding the involvement of Alliances and data capture which could highlight trends to the Committee.

ACTION: NA to work with auditors to review the audit report process.

ACTION: NA to discuss EPRR action plans with Karen Wesson and submission to Audit Committee for monitoring and assurance purposes.

ACTION: NW to share scope of Population Health Management Audit with the committee.

Outcome: The Committee NOTED the Internal Audit Progress Report.

5. Counter Fraud

Counter Fraud Annual Report / Counter Fraud Return

EG presented the Counter Fraud Annual Report and provided the following key highlights:

The counter fraud plan consisted of a delivery of 75 days and the work completed was listed in 4 strategic areas; Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account. For the hold to account area, three referrals were received during the year, and all had been closed.

In response to GW, EG explained that it was difficult to benchmark the number of referrals with other ICBs and further details could be provided by the Counter Fraud Authority (CFA).

EG advised that the Counter Fraud Functional Standards Return (CFFSR) was submitted by the required deadline. The overall assessment was green, suggesting that the organisation was at a compliant level with the standards. There was a strategy to address the three standards rated as amber and they would be reported to the Audit Committee for monitoring of progress. There was a requirement for the Audit Committee to view the full submission which had been included in the papers.

GW commented that it would be helpful to know the number of referrals that other ICBs were declaring. EG confirmed that there were no documented statistics, however this was being developed by the CFA.

JK advised that the number seemed quite low compared to acute trusts, and noted that as more services were being provided, the number could increase and therefore there should be a focus on Primary Care. EG advised that many primary care referrals go straight to NHS England.

JF referred to the issues around excessive agency spend and asked if triangulation was being completed with external audit regarding fraud. EG advised that the CFA collate the returns and release the benchmarking data sporadically. There were strong connections with counter fraud management groups and national forums.

In response to a comment from GW regarding raising awareness of the acute sector to identify trends, JF suggested obtaining the Audit Committee papers from the Trust and EPUT.

Outcome: The Committee APPROVED the Counter Fraud Annual Report and NOTED the submission of the Counter Fraud Function Standard Return.

6. External audit

ISA260 Reports

EL presented the external audit report and advised that one report had been issued to cover all entities, which also covers value for money for the ICB.

For the five CCG audits, the key findings related to accruals and various adjustments which were being processed and may have a consequential effect on the ICB Accounts. There was one adjustment for the ICB which was of no significant concern.

In terms of value for money, one significant risk was identified for the ICB regarding financial sustainability and how that linked into the wider system. The committee received assurance that there were no significant concerns in relation to this risk.

EL advised that the document was for public view and would be uploaded to the website.

JF asked for clarification on the financial sustainability ratings. EL confirmed that the risk assessment was completed to guide the audit, but that audit work concluded there was no significant issues identified. JF suggested re-wording the report to be clear the risk was mitigated.

The committee thanked the finance team and KPMG for all their work on the accounts and NA for collating the annual report.

In response to a question from GO, it was confirmed that the auditors were the same for the five CCGs.

EL advised that there a few minor elements outstanding with the ISA 260 which would be confirmed and closed this week. The CCG part would be completed next week and the ICB on Thursday in time for submission on Friday 30 June.

External Audit Opinions

EL presented the ICB and CCG Audit Opinion reports.

Annual Audit Letters/Representation Letter

EL advised that the letters were standard and similar to previous years.

GW asked if all accounts would be uploaded onto the ICB website. NA confirmed that the accounts would be submitted on 30 June 2023 and would be shared with the Board prior to publication to website at the end of July and the Annual General Meeting would be held in September.

JK commented that the MSE as a system was the only ICB to meet the timeframe and that achievement cannot be over-estimated. Thanks was extended to both the internal and external teams.

Outcome: The Committee APPROVED the annual audit letters and the representation letter and NOTED the ISA260 reports and the external audit opinions.

7. Final Annual Report and Accounts

NA reported that a few minor changes had been made following the detailed review at the Audit Committee in April. The Audit Committee had delegated approval from the Board to approve the annual accounts on their behalf, subject to minor amendments.

TM reported the following key points and advised that sessions were held with the Chair, Chief Executive and Non-Executive Members (Chairs of Audit Committee and Finance and Investment Committee).

All CCGs achieved their performance targets to break-even.

The ICB had a surplus of £16.9million in line with the agreed control total. There was no material impact from the adoption of IFRS 16.

In response to a query regarding conflicting narrative in the commentary, NA confirmed that this would be reviewed following the meeting.

ACTION: NA to review narrative in commentary to ensure consistency.

Outcome: The Committee APPROVED the Final Annual Report and Accounts, subject to any minor amendments.

8. Board Assurance Framework and Corporate Risk Register

SOC presented the Board Assurance Framework (BAF) and Corporate Risk Register and confirmed that all updates had been provided.

There were 56 risks on the register, 16 risks rated as red, 34 amber and 6 green. It was highlighted that the register contained no specific alliance risks which would be reviewed following the implementation of Datix. The Quality Committee would be undertaking a review of their red risks at their next meeting on 30 June 2023.

SOC advised that the BAF was the version submitted to the last Board meeting on 18 May 2023 and would be updated in readiness for the Board meeting on 20 July 2023.

JF advised that the senior responsible officers (SROs) would require review following the recent and impending staff changes and highlighted that the recovery financial plan risk included system SROs. SOC explained that this would be revisited in future risk reviews, and integration with providers is required to manage risks efficiently within the system. The new Datix system should improve the management and reporting of risks. NA advised that the governance team programme of work included development of the risk management system and looking at risks across the system on the BAF, although the risk register would remain with the ICB.

JF commented that the ICB BAF should correlate with the BAFs of other system organisations to mitigate control and single points of failure that would impact everyone. NA advised that the BAF pulls together the key strategic risks and an area of concern is that all the red risks are quite static and need to see the next steps that will make an impact. NA supported bringing the Board together with partner organisations.

Outcome: The Committee NOTED the Board Assurance Framework and Corporate Risk Register.

9. Risk Deep Dive – ‘Unblocking the Hospital’

NA advised that the risk deep dive would be deferred until the next meeting.

GW referred to the unblocking the hospital risk and asked if there was confidence of reducing the risk from 20. The committee required assurance that the combined actions would improve the rating. SOC confirmed that the deep dives will help to ascertain if the controls are robust and working.

GW confirmed that the item had been deferred as the committee requested to review the data and trends.

ACTION: HC to add the risk deep dive into 'unblocking the hospital' to Audit Committee agenda for the meeting on 8 August 2023.

10. Risk Management Policy

NA presented the Risk Management Policy and advised that the policy had been updated to reflect the BAF arrangements and the mandatory risk management training for staff at band 8A and above.

Outcome: The Committee APPROVED the Risk Management Policy, including the Risk Appetite and recommend it formal adoption by the ICB Board.

11. Policies for Review

Due to the organisational change / re-structure process and the possible requirement to amend relevant details thereafter, NA requested the committee approve an extension to the review dates for policies sponsored by the Audit Committee. Should there be any urgent requirement for review, such as legislative changes, this would be brought back to the committee.

Outcome: The Committee APPROVED the amended review date of the policies requiring review on 1 July 2023 to 31 December 2023.

12. Decision Making (inc. Scheme of Reservation and Delegation (SoRD))

NA advised that the decision-making process had been reviewed and consideration given to how decision making could be agile and focus the work of committees and the Board on more strategic cases.

NA advised that the key changes were the introduction of the executive team as a decision-making sub-committee of the Board, which had been reflected in the main narrative of the SoRD as well as the detailed delegated financial limits, introducing the authority of the Executive Team as a collective to approve spend between £250,000 and £3,000,000, thereby increasing the value of cases presented to the FIC and Board. It also included strengthening of formal delegation to the Alliances relating to the Better Care Fund and setting out the framework to enable Alliance Directors to approve up to a defined value. Additionally, there was some minor changes to clarify delegation arrangements and the Chief Nurse acting as the designated voting Board Director Lead for children and young people, Learning Disability and Autism and Downs Syndrome was explicitly specified.

It was noted that the turnaround team were establishing gateway governance with the stop/go decision making process to manage corporate and system efficiencies. The System Project Management Office (PMO) team would review business cases prior to referring through the scheme of delegation limits for approval.

The financial controls had also been strengthened whereby individual Executive Directors could no longer approve spend if there was no pre-existing budget. The sign off

responsibility of waivers have been amended so that the immediate line reports to the Director of Resources can also approve waivers.

JK commented that changes were not made to the scheme of delegation to allow the organisation to establish. The most important change is making the executive team a sub-committee to the Board and will be a fundamental change to the way the ICB operates. Assurance was provided with regards to the waivers sign off process, which will speed up the process with the increase of approvers. It was noted that the number of waivers should be decreased.

Following presentation, the Executive Team approved the direction of travel. The document would be presented to the Finance and Investment Committee for oversight on 21 June 2023 and then to Board for final approval on 20 July 2023.

NA advised that a terms of reference for the Executive Team would be presented to the Executive Team meeting and then to Audit Committee members virtually for approval. A decision-making policy would also be developed to sit alongside the SORD.

In response to a query from GO regarding place-based decision-making, NA advised that following the organisational change process, there would be different ways of working and the SORD would be updated again to reflect the collaboration agreements.

GW asked if a minimum number of executives would be required at the meeting. NA confirmed that the terms of reference will define the membership and quoracy.

GW raised concern on the accountability of business case approvals and the follow up. NA explained that a System PMO function would incorporate the business case process as well as benefits realisation.

JF advised that the PMO was in its infancy and could assure the activity with its run rate. Many of the business cases would affect the run rate of the Trust. NA confirmed that the first weekly working group meetings were held today.

Outcome: The Committee APPROVED the amended SORD, subject to any feedback from the Finance & Investment Committee and Executive Team recommending approval to the ICB Board.

13. Contract Governance

JJ presented the register of procurement decisions and advised that the spreadsheet circulated had been truncated and a further complete version would be circulated after the meeting.

JJ reported that the ICB were required to publish a register of procurement decisions on their website and the key highlights were as follows:

JJ highlighted that a further financial reconciliation between the contracts register and the finance ledger showed that there were still a number of funding flows that needed to be investigated to determine whether contracts needed to be put in place. It was also noted that future changes to financial controls would strengthen contracting governance for example the introduction of purchase order numbers, compensating controls were in place until that happened. It was further noted that there had been a significant reduction in the

number of waivers and the use of compliant quotes had increased. Improvements have been made in the documentation to ensure that due process was followed.

GO referred to the equity of contracts placed with the variety of providers in the Mid and South Essex system. JJ advised that work was ongoing with voluntary organisations to apply for an award to be made. JK advised that the skills, knowledge and experience of individuals within the system should be utilised to ensure that the voluntary sector was treated appropriately.

GW referred to Health and Inequalities entry for Castle Point and asked if there was a need to replicate service provision in different places within the system. GW referred to the contract awarded to Citizen Advice Bureau and asked if this should be the local council's responsibility. JK advised that the Board would benefit having a report on health inequalities. All Alliances had reviewed the profile of health inequalities within their place and the learning needed to be shared. JJ advised that service evaluation was within the agreement and is a process for growth and development and an opportunity to share best practice across the Alliances.

GO supported the focus on health inequality and suggested the possibility of innovative working.

ACTION: JJ to circulate a further complete copy of the register of procurement decisions.

Outcome: The Committee NOTED the Contract Governance update and Procurement Register.

14. Whistleblowing arrangements

NA presented an update on the whistleblowing arrangements and advised that the Committee had an oversight responsibility for the ICB.

It was noted that there were no whistleblowing referrals that required national reporting.

Outcome: The Committee NOTED the update on the whistleblowing arrangements.

15. Annual Report of Committee Effectiveness

NA presented the annual report of Committee Effectiveness and advised that the ICB sub-committees were required to review their effectiveness and their terms of reference annually to provide assurance to the Board.

It was noted that a review of the Board effectiveness would be undertaken in due course.

The report provided a summary of the work undertaken by the sub-committees of the Board and an overview of how the Board was developing.

GW commented that dialogue needed to continue with other ICBs to share learning for continuous improvement.

The Committee thanked Jane King and the governance team for all their work collating all the information.

Outcome: The Committee considered the performance of the sub-committees of the Board as reported in their effectiveness reviews and provided assurance to the Board.

16. Emergency Preparedness Resilience & Response

JC presented the quarterly Emergency Preparedness, Resilience and Response report and advised the Committee of the following highlights:

There were two areas of concern which had impacted upon the work of the team; the current restructure and the recent episodes of industrial action which had directed attention away from work. The team were horizon scanning to support identification of priorities, including the impact on the health system with the development of the asylum centre in Wethersfield. An action plan had been developed following the annual assurance process. There were areas of partial compliance and there would be a resources issue on how the actions were progressed.

GW commented that it was important that assurance was delivered, however day to day business needed to be maintained to ensure business continuity.

JF asked if the team have been provided with everything that was required to fulfil their obligations. JC advised that it may be possible that the restructure will have an impact on resourcing and ensuring day to day business as usual, but this was yet to be understood and would be considered as part of the consultation process.

Outcome: The Committee NOTED the Emergency Preparedness Resilience & Response (EPRR) and EPRR Standard Operating Procedure

17. Information Governance

Information Governance Quarterly Report/DSPT Toolkit Submission

IGe presented the information governance report and advised that the ICB would not be submitting a fully compliant Data Security and Protection Toolkit (DSPT) primarily resulting from the internal audit report not being ready in time for submission and that a business continuity test could not be undertaken in a timely fashion. An action plan would be produced and shared with NHSE for approval and continuous monitoring, with the expectation that the ICB's toolkit would be 'standards met' by mid-August.

With regards to the Information Asset Registers, the new software had some technical issues so previous processes had been utilised. The registers had been categorised into high, medium and low risks and the high risks were marked as urgent.

IGe also requested for committee approval to delegate authority of approval of the toolkit submission to the Senior Information Risk Owner.

NA advised that the Chief Executive and Chair required oversight to ensure a plan was in place to ensure toolkit compliance in a timely fashion, IGe assured the committee this was in place.

Outcome: The Committee NOTED the Information Governance update and APPROVED the decision on authority to approve the toolkit submission.

18. Waiver Report

JK presented the Waiver Report which, in line with the MSE ICB SORD, set out the waiving of quotations and tenders which must be reported to the Audit Committee.

The total value of the waivers reported was £68million, of which £52.6million related to the multi-ICB contract with Barking, Havering and Redbridge University Hospitals NHS Trust, of which the ICB was the lead commissioner. There were also a number of small elements which related to health inequalities, expanding capacity framework and the expiry of contracts. JK advised that contract end dates needed to be harmonised to allow for future service transformation.

Outcome: The Committee NOTED the Waiver update.

19. Losses and Special Payments

JK presented an update on the losses and special payments.

JK reported that a settlement payment was made following a procurement challenge and would be accounted for as a loss.

JF was concerned that there was a chance of this re-occurring and sought assurances that lessons had been learnt to avoid any future issues. A lessons learnt document had already been drafted which would be circulated.

GW commented that an evaluation exercise needed to be completed to provide assurance that procedures were robust. JK assured the committee that all procurement regulations had been followed and the lessons learned document would highlight the key reasons for the challenge and the changes to be made to subsequent processes.

ACTION: JK to circulate the lessons learnt report from the procurement challenge.

Outcome: The Committee NOTED the Losses and Special Payments update.

20. Decisions between Board Meetings

NA advised that the constitutional standing orders provides that any decisions made outside of the Board meetings should be reported to Audit Committee.

The following decisions had been made:

- Alternative Provider Medical Service (APSM) Procurement
- Losses and Special Payments – Settlement payment
- Pay Protection Policy
- Pathology Outline Business Case – supporting and endorsement of direction of travel.

Outcome: The Committee NOTED the decisions taken in between Board meetings.

21. Primary Care Commissioning Assurance Framework

The Primary Care Commissioning Assurance Framework was presented to the Committee for information. An update would be presented at the Committee during Quarter 3.

Outcome: The Committee NOTED the Primary Care Commissioning Assurance Framework.

22. Minutes of other ICB Committee

The following minutes were presented to the Committee for information.

- Clinical and Multi-Professional Congress - 30 March 2023.
- Finance & Investment Committee – 19 April 2023.
- Information Governance Steering Group – 28 April 2023.
- Primary Care Commissioning Committee – 3 May 2023.

Outcome: The Committee noted the minutes presented.

23. Any Other Business

JK advised that the current provider of Internal Audit Service that due to staffing issues they were unable to fulfil their internal audit contract with the ICB and were looking into how this could be resolved to ensure delivery at least until the end of this financial year. Options were being reviewed and an update would be provided in due course. JK was seeking procurement advice on the next steps.

Closing remarks were made as follows:

The Committee thanked the governance team, finance team and KPMG for working on the annual reports and annual accounts in a short period of time, demonstrating good teamwork and transparency.

JF thanked the Committee for the meeting invitation and advised that the meeting was informative and would ensure triangulation between the committees.

24. Items to Escalate

The extension of Policy review dates to be reported to the Board.

Approval of the revised SORD be recommended to the Board.

25. Date of Next Meeting

The date of the next meeting will be Tuesday, 8 August 2023.

Minutes of ICB Finance & Investment Committee Meeting

Held on 16 August 2023 at 10.00

Boardroom, Phoenix Court, Christopher Martin Road, Basildon SS14 3HG

Attendees

Members

- Joe Fielder (JF) Non-Executive Member, Committee Chair, MSE ICB.
- Dave Hughes (DH) Non-Executive Director, MSEFT via MS Teams (attending on behalf of Julie Parker).
- Jennifer Kearton (JK) Director of Resources, MSE ICB (from agenda item 5 – Reflection on Month 3 Finance Report).
- Loy Lobo (LL) Finance and Performance Committee Chair, EPUT via MS Teams (until agenda item 10 – Finance update).
- Anthony McKeever (AMcK) Chief Executive Officer, MSE ICB.
- Karen Wesson (KW) Acting Director of Assurance and Planning, MSE ICB.

Other attendees

- Nicola Adams (NA) Deputy Director of Governance & Risk, MSE ICB.
- Katie Bartoletti (KB) Graduate Management Trainee, MSE ICB.
- Ed Cox (EC) Director of Clinical Policy, MSE ICB.
- Kevin Edwards (KE) Attain via MS Teams (for agenda item 6 – Revised pathway for palliative patients).
- Emma Timpson (ET) Associate Director for Health Inequalities and Prevention, MSE ICB via MS Teams (for agenda item 7 Health Inequalities).
- Nina van-Markwijk (Nv-M) Finance Director, MSEFT.
- Emma Seabrook (ES) Resources Business Manager, MSE ICB (minutes).

1. Welcome and Apologies

The Chair welcomed everyone to the meeting and conducted introductions; the meeting was confirmed quorate.

Apologies were received from:

- Mark Bailham (MB) Associate Non-Executive Member, MSE ICB, noting that Mark had provided comments and questions regarding items on the agenda.
- Julie Parker (JP) Finance and Performance Committee Chair, MSEFT.

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 13 July 2023 were received.

Outcome: The minutes of the meeting held on 13 July 2023 were approved as an accurate record.

4. Action Log/ Matters Arising

All actions were noted as closed.

Ratification of decision between meetings - Fracture Liaison Service

NA confirmed she had received sufficient responses from members to approve 'option 3' of the paper. It was however noted should funding become available through working alongside pharmaceutical companies (in accordance with our governance processes), the project would retrospectively move to option 2.

Due to conflicts identified MSEFT were excluded from the decision.

AMcK added the Sunday press would be running an article in relation to the Royal Osteoporosis Society and the holistic approach being taken in MSE.

Outcome: The Committee ratified the decision to approve 'option 3' of the Fracture Liaison Service paper.

5. Reflection on Month 3 Finance Report

In recognition to the schedule of meetings compared to the ledger close dates, the Chair advised a standing agenda item had been added for members to reflect on the Finance Report circulated in between meetings and allow the opportunity to ask questions.

The Chair highlighted a £21m system deficit year-to-date at Month 3 (£10m off plan) and emphasised the significant challenge for plans to gain traction and deliver an improved position.

The Chair was concerned the risk in the system had increased at Month 3 from £44m to £110m as a consequence of pressures across all three organisations. Pressures included the increase of 20% in ICB Independent Sector activity, out of area placements within EPUT, prescribing and uncertainties around the Pay Award.

The Committee were advised although EPUT had made significant progress to reduce the number of occupied out of area beds, due to a price increase to the cost per bed, this presented as a cost pressure.

There was a discussion around the utilisation of estates and steps undertaken to make efficiencies.

AMcK advised work had taken place to align operational and financial control for independent sector usage to ensure tighter grip and control. He explained the Workforce plan identified £20m-£40m of efficiency opportunities however there were a number of complexities.

LL was disappointed only one scheme was identified under Performance and Quality and flagged improvement to flow as key to provide savings and improve patient experience.

After discussion and an offer of support from the ICB, it was agreed JK would follow up possible attendance at a future/separate meeting with MSEFT and EPUT.

ACTION: *Following an offer of support from the ICB, it was agreed JK would follow up possible attendance at a future/separate meeting with MSEFT and EPUT.*

Business Cases for approval

6. Revised Pathway for Palliative Patients

KW presented the paper and advised work had taken place to look at the pathway for patients identified to have a primary health need whose condition was rapidly deteriorating. The proposed new model would reduce risk, increase controls and oversight whilst improving the outcomes for patients and their families.

KW highlighted the benefits in one week of the service going live with a number of patients whose care had been supported at home. JK highlighted this as a great opportunity with the hospice collaborative to address the wider challenge around flow.

KE advised a Voluntary Ex Ante Transparency Notice (VEAT) had been published to the market to outline the ICBs intention to award a contract and enable the model to be progressed. KE confirmed the ICB received no challenge from the VEAT and consequently procurement legislation had been followed.

KW explained that the model would operate a risk/gain share arrangement with any underspend being shared 50/50 with the Hospices and ICB. Any overspend would be 60% funded by the ICB with 40% being funded by the Hospices.

DH asked how the risk share arrangement would influence the budget for 24/25. KW explained that there might be a reduction in spend as patients are treated at home. The new arrangement would ensure tighter grip and control of the process to direct patients on the most appropriate pathway.

Following a query from LL regarding whether contribution to the service could be sought from Local Authority, KW clarified under Continuing Healthcare (CHC) legislation, if a patient was rapidly deteriorating with a primary health need the social care responsibility would cease.

LL queried if the virtual ward could support patients and families within the pathway. KW advised that in terms of a 24/7 response, monies had been reinvested to roll out a 24/7 response service across MSE as a whole to ensure equity of access.

NA confirmed support for the proposal had been received from Mark Bailham and questions he raised had been answered prior to the meeting.

Outcome: The Committee noted the progress to date with the revised pathway for palliative patients and early learning of this approach and recommended the Board approve the approach and progress to contract award following successful unchallenged VEAT notice being published.

7. Health Inequalities

ET presented the paper and advised the ICB had committed £3.4m recurrently to support the reduction of health inequalities, which was overseen by the Population Health Improvement Board (PHIB).

£1.65m funding from the 22/23 allocation had been committed to schemes that would deliver in 2023/24; an excess of 80 health inequalities schemes were identified and were being implemented. £171k remained uncommitted and would be released to support the MSE ICB financial position for 23/24.

The Committee were advised, upon receipt of 22/23 funding and initial guidance stipulating monies were non recurrent, there was insufficient time to establish plans and allocate spend. Funding had since been made recurrently which would enable better planning to ensure best application of spend to achieve the health inequalities ambitions.

JK highlighted any non-recurrent funding not utilised within the ICB this year would be pulled back into central reserves to support the overall financial position.

ET explained the University of Essex had developed a suite of tools to support the evaluation of projects; a full report would be undertaken at the end of the financial year.

DH highlighted the allocation of the 23/24 funding and asked what guided the dispersion of funding across Mid and South Essex. ET advised the allocation formula was developed by the Population Health Improvement Team based on population size, the level of deprivation with consideration of other inequalities such as those with severe mental illness.

Outcome: The Committee:

- **Noted the progress on the allocation of the Health Inequalities funding.**
- **Endorsed the multi-year approach adopted by PHIB and award of Alliance contracts for 3 years with a trusted partner.**
- **Approved the investment with SAVS as the 'trusted partner' South East Essex Alliance, as it exceeded £1m.**
- **Endorsed the principle of proportionate universalism and supported its application in commissioning decision making.**
- **Noted the one off non-recurrent contribution of £1,222k from the 2022/23 and 2023/24 health inequalities funding to the MSE system financial position and the contribution this made to cost pressures incurred as**

result of commissioning decisions to level up on universal service offers across the system.

Items for Assurance

8. MSEICS Anglia Ruskin University (ARU) Innovation Programme

The Committee were presented with an overview of the joint MSE ICS and Anglia Ruskin University (ARU) Innovation Programme by EC. MSE ICS and ARU received approx. £1.5m-£1.6m in 22/23 from Health Education England (HEE) to deliver the programme by the end of March 2024.

The programme had identified three workstreams with an aim to use collaborative innovations to improve working practices and person-centred, projects:

- Development of a Community Academy,
- Innovation and Esteem,
- Innovation of Information Sharing.

Following a query from DH around the aim of the Community Academy, EC explained the proposal was to develop a programme of legacy practitioners to enable skills and knowledge to be passed on from clinicians who have reached the end of their career. The programme would also support the roles within the Additional Roles Reimbursement Scheme (ARRS). EC clarified the name of an academy might need to be revised.

LL believed innovation within the NHS had lagged due to barriers and encouraged this being included within the scope for this to be explored further.

Outcome: The Committee endorsed the report on the ARU Innovation Programme and received the contents for assurance and information.

9. NHSE Review meeting 02/08/23 feedback

JK provided a verbal update from the 2 August 2023 MSE ICB National Roadshow – Follow up discussion with NHSE and agreed to share the presentation slides.

JK explained the discussion was profoundly weighted around performance and concerns relating to urgent and emergency care over the winter period.

The financial position summarised at the meeting highlighted an extrapolated position of Month 3 could present a system deficit of £131m. It was however reported there were in train solutions both non-recurrent and recurrent of £69m relating to the efficiency programme plus grip and control measures such as workforce to support mitigation.

The residual challenge to close back to the agreed £40m deficit in plan was a gap of £22m.

JK conveyed at the Review meeting the position was dependent on several risks that were emerging in each of the three organisations. Due to price increases and inflation, risks were emerging in the ICB within Continuing Healthcare (CHC) and prescribing. MSEFT were experiencing significant workforce costs and a delay in efficiencies turning to 'cash out'.

Out of area placements and incremental costs around the Mental Health Inquiry were presenting as pressures within EPUT.

JK reported any changes to system capacity require NHSE agreement whether this is an increase or reduction in capacity. Monthly system meetings were taking place with the Regional Director of Finance, and MSEFT are meeting directly with the national team on a monthly basis.

A further meeting would take place at the end of September.

Outcome: The Committee noted the update on the NHSE [financial] review meeting.

ACTION: *JK to share slides from the 2 August MSE ICB National Roadshow – Follow up discussion, including the Month 4 headlines/flash report.*

LL left the meeting.

10. Finance update

JK provided a verbal update on early indications of Month 4 reporting highlighted a £29m system deficit as at Month 4.

The Committee were informed of targeted work undertaken between Month 3 and Month 4 reporting to assess what was in the position and what remained a risk. JK confirmed the risk position had moved from £110m to £60m at Month 4.

The Chair highlighted the time lag for schemes to implement and deliver and requested view of the direct correlation between the progress of PIDs through to implementation, and the subsequent impact on the 'run rate'.

Outcome: The Committee noted the Month 4 finance update.

ACTION: *Consideration of future reporting to reflect the direct correlation between the progress of PIDs through to implementation, and the subsequent impact on the 'run rate'.*

11. Efficiency Programme

Nv-M presented the report to provide the Committee with an update on the system efficiency position for 2023/24 and the work underway to progress schemes to delivery.

Nv-M highlighted £68.5m of schemes had been identified to date against the £119.6m system efficiency target. 69% of identified schemes were highlighted of recurrent nature. Nv-M spoke of the ask from region for all systems to identify 90% of recurrent efficiencies by the end of Q2.

The Committee were advised £55.7m of efficiencies remained unidentified within MSEFT. Nv-M confirmed the schemes of unidentified for EPUT since the time of writing had reduced to £1m. All schemes had been identified within the ICB.

The report highlighted a total of £15.5m of schemes in 'feasibility' stage. Since the report Nv-M confirmed £8.7m had moved into 'PIDs in development'.

Nv-M clarified work was taking place to show the phasing of delivery and confirmed system wide risk and opportunities plus unintended consequences driven by the PMO approach.

DH referred to page 48 of the binder (overview of pipeline) and queried the £30m of opportunities that had not transferred to the next phase.

Nv-M explained following the process to assess opportunities a number had been highlighted as budget reduction efficiencies (deemed not cash releasing and would not contribute to the £119m target) they would however progress to identify a saving in future years.

DH referred to page 67 of the binder (10. Financial Management/ Recovery) and recommended the RAG status for financial management and recovery was increased from an amber to a red rating.

Outcome: The Committee noted the contents of the efficiency report and the actions being taken to develop plans against the full efficiency target for each organisation.

ACTION: *RAG status for Financial Management and Recovery to be reviewed and amended as necessary.*

Finance Governance

12. Finance Risk Register

The risks associated to finance were presented for information and discussion. AMcK suggested Risk PO2 (ICB Workforce) was reduced as there was limited risk from the ICB restructure impacting on finance. He suggested Risk SREST02 (Capital Resource Limit) was also reduced as the likelihood the risk materialises this financial year was low.

For visibility and in light of the projected overspend around prescribing, it was suggested the prescribing lead is invited to the September meeting. It was agreed the invite would also be extended to Continuing Health Care (CHC) following current pressures. This would enable the committee to gain better understanding and assurance against the financial risks associated with Prescribing and CHC.

Following a query from the Chair regarding the reporting of the workforce risk, it was agreed the risk was captured in future reporting to the FIC and not the Remuneration Committee where the risk was being reported.

The Committee considered and discussed the finance risks.

ACTION: *Finance risks to be updated as per the comments made in the meeting.*

ACTION: *Invite to the September Finance and Investment Committee to be extended to Prescribing and Continuing Healthcare (CHC) who should present their risk and how it is being managed.*

13. Feedback from System Groups

The minutes were presented for information; there were no comments.

14. Any other Business

NA highlighted the IPMOC Terms of Reference had been updated following presentation to the Committee in June and took an action to share the updated document.

ACTION: *Updated IPMOC Terms of Reference to be shared with the Committee for completeness.*

15. Items for Escalation

To the ICB Board:

- Revised pathway for palliative patients.
- Commitment of the ICBs support to trusts.

ACTION: *The Chair agreed to reiterate the ICB support at the next ICB Board meeting to MSEFT and EPUT.*

16. Date of Next Meeting

Thursday 14 September 2023, 14.30-17.00.

MS Teams meeting.

Minutes of ICB Primary Care Commissioning Committee Meeting

Wednesday, 2 August 2023, 9.30am – 11.30am

Via MS Teams

Attendees

Members

- Sanjiv Ahluwalia (SA), Chair of Primary Care Commissioning Committee.
- Pam Green (PG), NHS Alliance Director for Basildon Brentwood.
- Jennifer Speller, Deputy Director of Primary Care (Nominated deputy for William Guy).
- Ashley King (AK), Director of Finance Primary Care and Strategic Programmes (Nominated deputy for Jennifer Kearton).
- James Hickling (JH), Deputy Medical Director for Quality Assurance & Governance (Nominated deputy for Ronan Fenton).
- Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.
- Caroline McCarron (CMc), NHS Deputy Alliance Director for South East Essex.
- Kate Butcher (KB), NHS Deputy Alliance Director for Mid Essex (Nominated deputy for Dan Doherty).
- Ellie Carrington (EC), Deputy Head of Nursing for Primary Care Quality (Nominated deputy for Viv Barker).

Other attendees

- David Barter (DBa), Head of Commissioning.
- Sarah Cansell (SC), Contracting Support Manager.
- Jane King (JKi), Governance Lead (minute taker).
- Daniel Brindle (DBr), Primary Care Estates Officer.
- Les Sweetman (LS), Deputy Director of Programme Delivery.
- Karen Samuel-Smith (KSS), Community Pharmacy Essex.

Apologies

- Dr Anna Davey (AD), ICB Primary Care Partner Member (Nominated Chair, Deputising for Sanjiv Ahluwalia, Chair).
- William Guy (WG), Director of Primary Care.
- Dan Doherty (DD), NHS Alliance Director for Mid Essex.
- Nicola Adams (NA), Deputy Director of Governance and Risk.
- Vicky Cline (VC), Head of Nursing, Primary Care Quality.
- Ronan Fenton (RF), Medical Director.
- Jennifer Kearton (JK), Director of Resources.
- Aleksandra Mecan (AM), NHS Alliance Director for Thurrock.

1. Welcome and Apologies

SA welcomed everyone to the meeting. Apologies were noted as listed above.

It was noted the meeting was quorate.

It was with sadness that the Committee noted Dr Asad Ali, a young Southend GP, had passed away suddenly. The Committee extended its condolences to Dr Ali's family, friends and colleagues. JS advised that the ICB was in contact with the practice to offer support and would continue to support where needed.

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 5 July 2023 were received.

The minutes of the ICB PCCC meeting on 7 June 2023 were also included in the pack for the Committee to note following amendment that was approved in between meetings, via Chair's action.

Outcome: The minutes of the ICB PCCC meeting on 5 July 2023 were approved and the amended minutes of the ICB PCCC meeting on 7 June were noted.

4. Action Log and Matters Arising

The action log was reviewed and updated accordingly. It was noted that the outstanding actions (13, 20, 30, 41, 42, 43, 44, 45, 46) were all within the timescales for completion. AK requested a new deadline of December 2023 for action 30, due to the delay of the new ICB re-structure. The actions 47, 52 and 54 were reported as complete.

5. Primary Medical Services Contracts & Highlight Report

JS provided an update on key activities and issues in relation to Primary Care Medical Services contracts.

As part of the Working Together Framework, work continued with ICB teams to look at how the ICB could implement a proactive model of provider development and contract management.

APMS contract finalisation was progressing as expected.

The Committee noted the Dengie Medical Partnership (Tillingham Medical Centre) contract status change request from individual to partnership had received Officer approval. The Committee noted that such decisions were the authority of the Officers (in relation to changes in contractor status).

The practice merger of Thurrock Medical Centre and Milton Road Surgery had completed as planned. The Greenwood/Wycroft merger remained on target for October 2023 and Thorpe Bay/North Shoebury merger remained on target for September 2023.

The delivery of the national Access Recovery Programme continued to be a priority, with compliance reviews of the Capacity and Access Plans provided by all 27 Primary Care Networks (PCNs) underway. The final ICB Access Recovery Plan would be presented to Board for approval.

The PCN Development and Delivery Group were developing a structured programme of work to optimise Additional Roles Reimbursement Scheme (ARRS) roles and a sub-group had been established to lead this. A successful funding bid was submitted to the Mid and South Essex Integrated Care System and Anglia Ruskin University Innovation Programme. As a result, workstreams that had utilised the ARRS would be reviewed and evaluated to identify whether the posts contributed to marked quality improvements in population health, waiting times for appointments/treatment and wellbeing of staff.

An annual refresh of the Pseudo Dynamic Purchasing System (PDPS) (a commercial framework of pre-approved primary care providers) resulted in the successful appointment of two additional organisations to the 'Approved Provider List'. There was now a total of ten appointed providers covering all geographical areas across mid and south Essex.

Whilst the outcome of the premises prioritisation exercise was awaited, this had created operational pressures related to insufficient or inadequate premises capacity.

A higher than normal number of requests for contractual changes (partnership changes, merger requests etc.) were received. The ICB also continued to receive a high number of enquiries regarding potential Section 96 support.

Outcome: The Committee NOTED the Primary Medical Services Contracts & Highlights update

6. Primary Care Medical Services Provider Stocktake

JS shared the Primary Care Medical Services Provider Stocktake presentation. The ICB had a duty to secure ongoing provision of Primary Medical Services on behalf of its population. Activity to meet this duty included contracting, assurance, reporting and transformation. JS explained that alongside operational challenges there was uncertainty for providers and the ICB about the national contract model beyond the agreement which runs to 2023/24. Work was needed to understand the implication of a shift in focus from competition to collaboration and the yet to be published Provider Selection Regime procurement regulations.

As of April 2023, there were 146 GP Practices in mid and south Essex covering a population of 1.26 million, the average list size was 8,586. There were 19 contracts held by

individual GPs, 115 contracts held with Partnerships and 13 contracts held with limited companies (APMS).

JS explained the next step was to develop a commissioning strategy for primary medical care provision across the ICB and to undertake an exercise to look back on lessons learned from service changes.

ACTION: JK to circulate Provider Stocktake presentation to the Committee after the meeting.

AK noted there was a significant proportion of small practices and enquired whether the ICB was looking at how these practices could be supported to make them more sustainable. AK suggested that a strategic piece of work may be required to decide on the direction of primary care commissioning. JS agreed that the areas highlighted by AK required more work, particularly around sustainability and areas where housing developments were planned.

JH commented that GPs can struggle to keep people out of hospital, despite the work taking place to avoid this happening. SA remarked that it would be interesting to see the changes planned to the GMS contract and the impact on how these issues would be managed.

KB welcomed the plan for a 'lessons learned' exercise and suggested it would be useful to identify a theme for review each quarter.

PW drew attention to inter-dependencies within community pharmacy services, particularly as the service would be delivering additional clinical services. JS agreed that when looking at what makes a practice more sustainable, it was critical to look at the wider services around them, including pharmacy.

Outcome: The Committee NOTED the Primary Care Medical Services Provider Stocktake.

7. Use of Void Premises

JS presented the Use of Void Premises report which set out the principles and approach for the use of void space currently funded by the ICB.

The ICB continued to fund NHS Property Services (NHSPS) (and other landlords e.g., North East London Foundation Trust) for the Void Space which might be a solution for new PCN services. The principles of the proposal were as follows:

- Void Space would be made available to the PCN in which the site is located, with the exception of space that the local Alliance deemed to be usable by multiple PCNs. In this scenario, the Alliance would lead discussions across groups of PCNs to agree a shared usage of the space.
- Only void space where there were no other planned usage discussions in progress would be offered to PCNs.
- The ICB would fund the rent and rates for the void space used by PCNs until March 2025.

JS advised that AD, who was not present at the meeting, had reviewed and agreed with the proposal.

JH agreed with the overall direction of the proposal but queried whether the first point should say 'or to be decided by the Alliances on the basis of priority'. JS said she did not have a strong view on this.

AK highlighted that the ICB were paying significant funding for void space. The funding model set out in the paper had been used in other areas for PCNs to use void space and AK stressed that the service charges were not in perpetuity. The proposal was supported by finance colleagues.

DBr added that Alliances would have oversight of decisions made regarding the commissioning of void space.

If the proposal was endorsed by the Committee, JS advised that PCNs and practices would be advised of the Use of Void Space process in the coming weeks.

Outcome: The Committee ENDORSED the Use of Void Premises proposal.

8. Dental Service Contract

DBa explained that a dental provider, within the South East Alliance, had requested a review of their indicative Unit of Dental activity (UDA) rate with the view to increase this in line with the average rate.

The practice request followed a similar dental contract review paper presented to the PCCC in July 2023.

AK confirmed dental funding was ringfenced therefore there was no financial impact in respect of this request. AK noted this was the second paper received by the Committee and enquired whether work was required to produce a fair UDA rate. DBa advised that the UDA rate was set in line with the national contract. The practice must show exceptionality to be considered for an increase in UDA rate.

In response to JH, DBa explained that the exceptionality shown by the practice on this occasion related to its full NHS provision, the demographic of patients and location. Travel to other practices would be difficult and that consideration would be given on a case by case basis.

PG highlighted that the ICB's Scheme of Reservation and Delegation (SORD) did not currently allow Officers to take these decisions. SA agreed that until appropriate governance was in place the Committee would be responsible for these decisions.

JS suggested the challenge to dental practices was in attracting staff and wondered whether consideration could be given on how the dental workforce could fit into PCN / Integrated Neighbourhood Teams.

The Committee supported the recommendation recognising the exceptional circumstances.

Outcome: The Committee APPROVED the report to enable open discussions with the dental provider to amend the contract to raise their UDA value but retain their current activity and retain dental access for patients.

Outcome: The Committee would continue to consider Dental Service Contract decisions until governance was detailed within the Scheme of Reservation and Delegation to allow Officer approval.

9. Primary Care Finance Update

AK presented the Primary Care Finance update which provided an overview of the financial performance of the ICB in respect of its investments in, and directly influenced by, primary care as at M3 (June) 2023 and the forecast for the 2023/24 financial year.

The Primary Care portfolio was showing a year-to-date and forecast breakeven for the year, based on the assumptions set out in the paper.

AK highlighted that the ICB had received £17.5m towards the maximum reimbursable amounts for PCNs under the ARRS. NHSE had retained £10.3m which was accessible once local spend exceeded the £17.5m.

The ICB had uncommitted funding for Dental Services. The Dental Commissioning Team were working on a plan to utilise that funding in-year, building on proposals previously shared with the Committee. Current guidance was clear that this was ring-fenced and could not be used by the ICB to support the financial position of the organisation.

As requested at a previous meeting the finance update also included some further detail on trends of GP Prescribing. In 2022/23, a significant increase was seen in the cost of prescribing during the second half of the year which resulted in an overspend of £7.6m for the year (within the prescribing budgets). For 2023/24, the opening budget for GP prescribing was built from December 2022 forecast out-turn. An assumption was made around growth and the specific cost pressure from the adoption of Continuous Glucose Monitoring devices, and a further assumption made around potential efficiencies. This resulted in an opening budget of £189m which was a decrease against 2022/23 spend of £196m. The report provided monthly trend data from April 2021 to April 2023 on the number of items dispensed, Net Ingredient Costs (the basic cost of the drug as used in primary care) and Prescribing Cost (the 'actual' cost of drugs prescribed). The Committee noted a detailed report on the dynamics of Community Pharmacy, General Practice and the ICB was included under agenda item 10.

AK highlighted the specific risk areas that may impact in-year financial performance as: GP Prescribing, the Wethersfield Asylum Accommodation and premises costs. Whilst the expectation was that additional funding would be received by the ICB for the Wethersfield Asylum Accommodation, the mechanism for receipt was still unknown. As such, there was an unquantified risk associated with the provision of services at the site. In respect of premises costs, work was underway by NHSPS to resolve outstanding lease issues with their tenants. There was a risk that on finalisation practices would be entitled to reimbursements not previously accounted for/reimbursed by the ICB or may request assistance in meeting legacy debts that crystallise as part of this process. The ICB had been made aware of the first practice to go through this process locally. Work was underway to further understand the ICB's exposure.

There were no questions raised.

Outcome: The Committee NOTED Primary Care Finance M3 Update.

10. Sustainability of Community Pharmacy in MSE

PW and KSS presented the Sustainability of Community Pharmacy paper which provided an overview of the risks around sustainability of community pharmacies within mid and south Essex and an overview of the proposed Primary Care Prescribing Efficiency Programme which aimed to make savings of £8.5m in 2023/24.

PW explained that the prescribing efficiencies would be delivered through the Medicines Optimisation Local Enhanced Service (MOLES). The ICB was in regular communication with nominated prescribing leads for the Primary Care Networks (PCNs) to discuss performance towards financial, quality and safety prescribing metrics. Individual programmes of work were set to drive improvements in outlier areas or where was the greatest opportunity. Other requirements of MOLES included an annual quality improvement programme, annual prescribing audit, monthly submission of work undertaken and attendance at ICB MOLES meetings. At year-end, individual practices were assessed against their year-end prescribing spend reduction targets and a final practice based award payment for reaching the target, practices and PCNs were therefore incentivised to focus on cost effective prescribing throughout the year.

KSS explained there were 209 Community Pharmacies located across MSE, with most open 6 or 7 days per week. Community Pharmacy was funded by Reimbursement for products dispensed (funded by ICBs) and Remuneration for services (funded by Global sum as delegated to ICBs). KSS explained that community pharmacy income funded premises rental/leases, utility bills, staffing (including mandatory training and professional indemnity cover), pension contributions (as not eligible for NHS pension scheme) and revalidation costs.

KSS explained that Concessionary Prices (where a product was not readily available at or below the Drug Tariff reimbursement price) were putting a huge pressure on ICB prescribing budgets.

The report explained the financial issues faced with branded generic prescribing and consequences. Branded medicines were reimbursed at the list price of the manufacturer, wholesaler or supplier from which the dispensing contractor sourced the medicine. In some instances, branded versions of generic medicines (branded generics) had a list price below the generic Category M reimbursement price.

It was noted that, recommendations were made to stop promoting branded generic prescribing (except for where branded prescribing may be appropriate for clinical reasons), develop a generic prescribing policy, consider commissioning a Primary Care MOLES scheme for Community Pharmacy GPs and PCNs next financial year and to drive usage of clinical service from Community Pharmacies to support Primary Care Access and free up appointments in GP practices.

JS commented that some of the issues affecting community pharmacies were also affecting some dispensing practices.

In response to JH, KSS explained that annual income for community pharmacies depended on the level of service they provided.

The Committee agreed medications that undermine established practices / policies should not be promoted.

SA suggested a better understanding on what was happening to single community pharmacies versus multiple organisations was required, as well as an understanding of relationships between pharmacies and PCNs. SA also said consideration should be given to how the ICB could support the sustainability of community pharmacies and invited PW and KSS to provide an update on community pharmacy at a later meeting. PW suggested a stocktake of community pharmacy presentation would be useful.

ACTION: JK to add Community Pharmacy Stock take presentation to future agenda.

AK advised that he was working with Medicines Optimisation colleagues on a prescribing dashboard which would track savings.

PG expressed concern regarding pressures on the prescribing budget, the ICB needed to be confident it was doing enough around the prescribing challenge. PW agreed. PG commented that generic versus non-generic prescribing was not the only savings to be made and noted there were other efficiency ideas in the model including medication reviews.

Outcome: The Committee NOTED the Sustainability of Community Pharmacy in MSE paper.

11. Primary Care Quality and Safety

EC presented the Primary Care Quality and Safety 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 MSE.

The report highlighted that, of the 147 GP Practices, 3 practices were rated as 'inadequate', and 5 were rated as 'requires improvement' by the Care Quality Commission (CQC). Active support was provided to these practices and regular meetings held with the CQC to ensure the 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. In line with the emerging concern protocol, rapid reviews were held with identified practices to ensure swift offers of support / resolution relating to the concerns raised.

There were two Freedom to Speak Up cases open. One was being considered as part of an ongoing quality improvement plan and the second was in the first phase of collation of information. The ICB's Freedom to Speak Up Guardian was aware and would be kept updated. Any identifiable shared learning would be uploaded onto the Primary Care Quality Hub on conclusion and agreement of action.

There were six Serious Incident reviews open. The Safeguarding Team continued to support primary care practitioners and any lessons learnt would be shared through the GP Bulletin if the cases were identified as Serious Incidents.

In April 2023, seven new Primary Care concerns/complaints were received directly by MSE ICB

with an additional ten received from NHSE that were signed off by MSE ICB. Of those received, all related to different surgeries with the majority of complaints related to the areas of concern listed below but also included Clinical Care, Diagnosis, Removals and Referrals. The main three areas of concern/complaint were Access to GP appointments and registration issues, Administration (including attitude of staff) and Prescribing/GP Medication issues (including access to medication).

Of the ten NHS England complaints received, two required Clinical Review, one was Partially Upheld for the area relating to Administration (Record Processing) with learnings identified around coding, and one was Not Upheld relating to Diagnosis.

Outcome: The Committee NOTED the Primary Care Quality and Safety update.

12. Minutes from Dental Commissioning and Transformation Group

The minutes of the Dental Commissioning and Transformation Group meeting held on 14 June 2023 were received.

Outcome: The Committee NOTED the minutes from the Dental Commissioning and Transformation Group.

13. Items to Escalate

There were no items to escalate.

14. Any other Business

There was no other business.

15. Date of Next Meeting

10.00am–12.00pm, Wednesday, 6 September 2023.

Minutes of Part I Quality Committee Meeting

Held on 30 June 2023 at 10.00 am – 12.00 noon

Via MS Teams

Members

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

Attendees

- Shahina Pardhan (SP), Associate Non-Executive Member
- Viv Barker (VB), Director of Nursing for Patient Safety.
- Stephen Mayo (SM), Director of Nursing for Patient Experience.
- Jackie Barrett (JB), Deputy Director of Nursing for Patient Safety.
- Eleanor Carrington (EC), Deputy Head of Nursing for Primary Care Quality.
- Ross Cracknell (RC), Senior Quality Manager Mental Health.
- Shelley Wallace (SW), Quality Manager Mental Health.
- Maria Crowley (MC), Director of Children, Mental Health and Neurodiversity.
- Daniel Doherty (DD), Alliance Director Mid Essex.
- Emma Everitt (EE), Business Manager, Nursing and Quality.
- Joanne Foley (JF), Patient Safety Partner.
- Matt Gillam (MG), Deputy Director of Nursing.
- Pam Green (PG), Alliance Director Basildon Brentwood.
- Gemma Hickford (GH), Consultant Midwife.
- James Hickling (JH), Deputy Medical Director, Quality, Assurance and Governance.
- Jane King (JK), Governance Lead (minute taker).
- Dr Eva Lew (EL), Medical Director, Farleigh Hospice.
- Carolyn Lowe (CL), Deputy Director of All Age Continuing Care.
- Linda Moncur (LM), Director of Safeguarding.
- Eleanor Sherwen (ES), Head of Nursing.
- Emma Timpson (ET), Associate Director Health Inequalities and Prevention.
- Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.
- Stephanie Williams (SW), Quality Manager.
- Emma Collyer (EC), Quality Manager.
- Ines Paris (IP), Designate Nurse Basildon Brentwood and Thurrock Alliances.
- Sharon Connell, Designate Nurse South East Alliance.

Apologies

- Frances Bolger, Interim Chief Nurse
- Ronan Fenton (RF), Medical Director
- Sarah Lamb, (SL), Patient Safety Partner.
- Vicky Cline (VC), Head of Nursing for Primary Care Quality.
- Sara O'Connor (SOC), Head of Governance and Risk.

- John Swanson (JS), Head of Infection Prevention & Control.
- Steve McEwen (SE), Quality Manager.
- Alix McMahon (AMcM), Complaints & Patient Experience Manager.
- Karen Berry (KB), Maternity Commissioner.
- Karen Flitton (KF), Patient Safety Specialist (System).
- Sally Hatt (SH), Quality Manager.
- Aleksandra Mecan (AM), Alliance Director Thurrock
- Greer Phillips (GP), Mid and South Essex Care Sector System Lead.

1. Welcome and Apologies

NIB welcomed everyone to the meeting and extended a warm welcome to SP, the newly appointed associate Non-Executive Member who would be chairing the Quality Committee whilst NIB was on maternity leave. Apologies were noted as listed above.

The meeting was 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. No changes were reported.

3. Minutes

The minutes of the last Quality Committee meeting held on 21 April 2023 were reviewed. JB highlighted there were some job titles that needed to be amended and agreed to provide the updated job titles to the Governance Team.

Resolved: The minutes of the Quality Committee meeting held on 21 April 2023 were approved, subject to the amendments discussed.

4. Matters Arising

NIB advised that in readiness for the forthcoming CQC review, a Task and Finish Group had been set up. Preparation work for the review was underway and would be brought to the Quality Committee in due course.

NIB advised that the Non-Executive Members and Leadership Team had recently undertaken rigorous data protection training. NIB highlighted the importance and value of staff undertaking data protection training sessions, particularly with the forthcoming reorganisation process and staff potentially handing over data to others.

SM asked if, during the course of the meeting, the Committee could consider an appropriate topic for the next deep dive and patient story.

VB advised that since the papers had been issued, there were significant issues to escalate to the Committee which would be covered under Item 10.

PW advised that an Action Framework for ICB's and Primary Care on Optimising Personalised Care for Adults Prescribed Medicines Associated with Dependence or Withdrawal symptoms was recently published by NHS England and requested a slot on a future Quality Committee agenda for this item.

Resolved: The Committee NOTED the Matters Arising.

5. Action log

The action log was reviewed and updates were noted.

Resolved: The Committee noted the Action Log.

6. Lived Experience Story – End of Life Care

A lived experience video story regarding End of Life Care was shared with the Committee. It was of a daughter's account of her mother's final weeks and the end of life care her mother received. The story highlighted a lack of joined up care, inconsistencies in care, poor communication and difficulties with the availability of medication. The story also shared positive aspects of care in terms of shared decision making, personalisation and specialist palliative care provision in the patients' final days.

NIB thanked the team for sharing the lived experience story which she found powerful and emotive.

Resolved: The Committee NOTED the lived experience story relating to End of Life Care.

7. Deep Dive – End of Life Care

ES gave a presentation on Palliative and End of Life Care which set out the national and local principles and standards that underpin and guide end of life care, the challenges faced by mid and south Essex Integrated Care System, the key priorities and workstreams and successes and progress to date.

Since 2022 there had been a statutory obligation to commission 24/7 specialist and general palliative end of life services. EL explained there were additional challenges faced by the MSE ICS with some of the oldest populations within the region and high young onset frailty driven by social determinants of health. EL stressed the Palliative and End of Life Care must be included as a priority within each Alliance and Integrated Neighbourhood Teams.

JH commented that once it was understood what needs to change, it was not difficult to make the changes. A change of culture to destigmatise End of Life care would be a positive move.

PW highlighted that the story identified gaps in system, particularly with the pathway to initiate medication administration via a syringe driver. NIB agreed that authorisation to initiate meds via a syringe driver should be part of the anticipatory process and should be addressed as a priority. PW suggested that the agreed guidance on arranging anticipatory

meds needed to be revisited to ensure that the authority to administer a syringe driver was arranged at the same time.

SP enquired what was being done to ensure this situation did not happen again. EL explained that education, particularly in primary and community care. PW added that anticipatory meds guidance was available but may need to revisit to ensure that when anticipatory meds were arranged it should also include authority to administer a syringe driver, if required, at same time.

NIB recommended revisiting End of Life care at a future Quality Committee in around 6/12 months.

Action: Palliative and End of Life care update to be added to work plan for 6/12 months' time.

Resolved: The Committee noted the Deep Dive on End of Life Care.

8. Patient Safety and Quality Risks

SM highlighted that there were currently five red rated quality risks on the Board Assurance Framework. The red rated risks around Acute, Maternity and Mental Health were covered under items 10, 11 and 12, respectively.

NIB invited MC to provide an update on the red rated risk Quality Assurance of Autism Spectrum Disorder (ASD) services. MC advised there was a specific risk around neurodiversity that had been raised with the Executive Team and escalated to the Quality Committee.

Although previously agreed by the ICB Board that Neurodiversity would be a priority for the organisation, the pace of work had slowed due to changes in the new structure of the organisation. MC was seeking the Committee's support to establish, within current resources, and lead a Task and Finish Group to undertake a demand and capacity review to outline current services, where they are and the issues before the restructure to determine where the portfolio of services would sit in the new structure. The findings would be handed over to clinical and specialist leads to redesign a new pathway and be in a position to reprocur services in 12 months' time.

The Committee agreed in principle for MC to proceed with a task and finish group as proposed but requested sight of the paper (which had not been included in the binder) to provide the committee opportunity to consider the full details. Maria wants something in writing that Quality have endorsed request What date can expect approval. The paper would be circulated to Members after the meeting and Members were asked to send comments and questions, approval to NIB, SM and JK for collation.

Action: Neurodiversity paper to be circulated to the committee for consideration. Outcome to be communicated to MC.

In response to JH, MC advised that the anticipated completion of the demand and capacity review should around three months.

ET was invited to provide an update on the Health Inequalities (improving access to services and patient outcomes) risk. EH explained that work with the Population Health

Improvement Board, Local Authority partners and particularly Public Health Directors was taking place to look at how the health inequalities funding was prioritised to look to address a number of system wide priorities. Work was also taking place with Alliances looking at local population needs and prioritise projects in those areas. It was important to make health inequalities everyone's business and explained there was an impact tool currently in development to support this (due to be launched in September 2023 along with programme of engagement across all health partners).

The Committee noted that the Board Assurance Framework would be updated for the next Part I Board on 20 July 2023.

NIB and SP acknowledged there was little movement on the red rated risks but acknowledged there were currently lots of challenges and were aware of work taking place to mitigate these risks. NIB suggested revisiting the risks and mitigations at the end of the year.

Action: Quality Committee to revisit red rated risks and mitigations at the end of the year / roadmap / how many things were moved / what are the challenges.

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

9. Draft Quality Dashboard

Due to time constraints the draft Quality Dashboard was not discussed.

Resolved: The Committee noted the verbal update on the Draft Quality Dashboard.

10. Acute Care

Following the Care Quality Commission's (CQC) inspection of core medical services across Mid and South Essex Hospitals NHS Foundation Trust (MSEFT), on 16 June 2023 the inspection report was published. VB advised that the Trust's overall rating of 'requires improvement' remained unchanged. The Medical Services directorate, including older peoples care, received an 'inadequate' rating in domains of safe, effective and well led.

In response to the inspection report outcome, an immediate Trust wide action plan was developed and submitted to the CQC which remained under review. The ICB's Quality and Nursing team continued to support the Trust with additional assurance visits and monthly internal compliance reviews, including audits of Mental Capacity Assessments and Deprivation of Liberty Standards (MCA/DoLs). The Safeguarding team were also providing support to MSEFT to ensure effective the assessment and documentation of MCA/DoLs.

VB was not assured that the issues highlighted by CQC were yet resolved, therefore support from the ICB would continue until the issues were dealt with adequately and would remain under review. The CQC outcome had produced media and MP interest and some of the local MPs had made visits to the hospital sites. The System Quality Group would continue to monitor the situation and would sign off timescales for the delivery of the action plan at the next meeting. It was noted that MSEFT were experiencing significant challenges which included health patients awaiting appropriate health care placements, escalation meetings to address these issues were taking place.

Resolved: The Committee noted the Acute Care update.

11. Maternity Services

NIB invited GH to give an update on Maternity Services. GH highlighted that the maternity workforce was a red rated risk. The work set out in the maternity improvement plan was underpinned by having a foundation of effective staffing. Currently there was around 21% midwife vacancy rate which was having a significant impact on services.

Job offers had been made to 56 newly qualified midwives in mid-September but not all of these offers may be accepted. GH stressed that a focus on staff retention and appropriate skill mix was just as important as recruitment.

The Committee noted there were 53 outstanding CQC actions which were currently in progress. The Trust remained focused on moving and improving the current CQC rating of 'requires improvement' but the compromised workforce was a challenge. The Director of Midwifery Services had offered to meet with the Committee to provide an update on how the action plan was progressing.

GH shared with the committee that for her dissertation she had looked into why midwives were leaving MSEFT and, as a result, had developed a number of recommendations on staff retention. GH indicated she would be happy to share the results of her report with the Committee.

NIB suggested that GH provides an update on Maternity Services in 6/12 months' time.

Action: Add Maternity to the Quality Work Plan for 6/12 months' time.

Action: Check GH is in agreement to share dissertation with Committee.

Resolved: The Committee supported the recommendations set out within the maternity report and noted the internal audit report.

12. Mental Health

SM presented the Mental Health report. Most notably, SM advised that the Government had announced that the Essex Mental Health Independent Enquiry would now be a public enquiry Investigation and would go back over 20 years. A public enquiry had the power to compel Essex Partnership University Trust staff and/or other system people to present and give evidence. It was likely the enquiry would commence in September 2023.

The Care Quality Commission (CQC) were due to publish their 'well led' report in July 2023 following their inspection of Essex Partnership University Trust (EPUT) in January 2023.

EPUT had devised a quality improvement plan following the CQC inspections that have taken place since October 2022, the national letter sent by Clare Murdoch (National Mental Health Director) and their own internally commissioned inquiry. EPUT continued to work towards improvements across the organisation.

The Government had also issued a Rapid Review into mental health services with 13 recommendations arising across various organisations. There was a strict 12 month deadline to review and enact the recommendations. The ICB was in the process of pulling together data with system partners.

SM advised that the Mental Health Taskforce review, to look at the commissioning of mental health services across Essex and whether they were safe and effective, was in its final stages and would be brought to the next meeting. The initial view was favourable, but there was still work to be done.

Action: Present the CQC EPUT Well Led Report to next meeting.

Resolved: The Committee noted the Mental Health update report.

13. All Age Continuing Care

CL gave an update on the key issues facing All Age Continuing Care (AACC). The team had continued with recruitment where approval had been authorised. This had yielded a significant number of new appointments to the AACC team with a reduction in vacancy factor. The main proportion of vacancies were for Band 6 Nurse Assessor posts within CHC.

The AACC Financial position at month 2 was reported as within budget and the System Efficiency forecast was on trajectory for £6 million savings at year end.

Work was taking place with hospices, looking at a pilot to support patients with a primary health need who were rapidly deteriorating. The first pilot, for inpatients, was due to go live in August 2023, followed by a second pilot for domiciliary care which was expected to go live at the beginning of September 2023.

The Continuing Health Care team had sustained the improvement in meeting NHS England Quality Premium (the percentage of referrals completed within 28 day timeframe) and have received recognition from NHSE for this. The target set by NHSE was to achieve 80% of DST completed within 28 days. In March 2023 the Quality Premium (QP) for the ICB was 86.27%.

There continued to be a significant backlog for CHC appeals and retrospective claims, however team demonstrated significant progress on clearing the backlog.

There were a number of achievements for AACC which included a Certificate of Excellence for their work on transition from children to adult services, and following a review by Newton Europe on the completion of the Continuing Connect programme found significant improvement in AACC delivery and service development.

The number of appeals and retrospective claims and the protracted timeframe for resolution would impact on any redress we make to residents due to the incurred interest. We have reviewed all cases and resolved simple claims however most retrospective claims are complex requiring significant investigation to conclude CHC/CYPCC – complaints/media attention. Independent reviews have been commissioned for both complaints to ensure a comprehensive response was provided to families, and learning from respective recommendations.

Resolved: The Committee noted the All Age Continuing Care Report.

14. Alliance Primary Care

EC advised that the CQC had commenced practice visits. There was positive news to share with the rating of one practice moving from inadequate to good as a result of lots of

work from colleagues, GPs and practice staff. The official report was awaited. NIB welcomed the positive news, it was important to celebrate successes.

VB added that the Primary Care Team had experienced additional pressures, secondary to two IT failures at MSEFT. The first issue was due to an IT system failure which had resulted in patient letters not being sent out, the Trust was trying to establish the overall number of letters affected and the situation was being monitored by the System Quality Group. The second issue had affected the delivery of pathology results to GP Practices mainly in the Mid Essex area, the issue had been resolved but had an impact on primary care. There were also problems reported with the ICE pathology system at Basildon Hospital.

NIB noted that good oversight of letter issue at Board level, and good action and good consultation with primary care on how to deal with matter.

Resolved: The Committee noted the Primary Care Quality Report.

15. Patient Safety Specialist Updates

JB presented the Committee with the latest National Patient Safety updates and provided an update of the progress made against the NHS England Patient Safety Strategy.

JB advised that Karen Flitton was not able to join the meeting but had requested agreement to develop a Terms of Reference for governance system for 'PSIRF Delivery' and would like a slot on August agenda to discuss PSIRF governance and ToR.

Action: Add PSIRF Governance, processes and Terms of Reference on next agenda.

Resolved: The Committee noted the Patient Safety Priorities update

Resolved: The Committee noted the NHS Patient Safety updates.

16. Safeguarding Annual Report

LM presented the Annual Safeguarding Report which provided the Quality Committee and ICB Board with assurance on the delivery of the ICB statutory responsibilities for safeguarding during 2022/23 and to highlight key achievements and any risks identified and managed.

During 2022/23 there was the unification of 3 safeguarding teams (attached to the 5 Clinical Commissioning Groups) into an All-Age Safeguarding team, covering Mid and South East Essex. During the transformation the team faced challenges in staffing levels which impacted on the ability to fully implement the all age safeguarding vision. As of March 2023, the only outstanding vacancy remains the Named Professional for Safeguarding for Primary Care (Adults and Children for South West Essex and Adults for Mid Essex).

The report explained the ICB's All Age Safeguarding Approach and its compliance with statutory requirements for 2022/23.

NHS England Safeguarding Assurance Toolkit was submitted in November 2022 and showed compliance in most aspects. Designated professionals' capacity was below establishment in most areas at that time, this was a recognised organisational risk and resolved by January 2023.

The Southend, Essex and Thurrock (SET) Safeguarding Partnership/Boards carry out biennial audits to ascertain agencies compliance with statutory responsibilities for child and adult safeguarding, the next was due in 2023/4. The NHS England Safeguarding Assurance Toolkit was submitted in November 2022 and showed compliance in most aspects. Designated professionals' capacity was below establishment in most areas at that time and this was a recognised organisational risk and resolved by January 2023. All categories of the toolkit were green except one which was pending recruitment.

The Looked After Children slide highlighted that, as a corporate parent, the ICB had a legal duty to cooperate with the Local Authority with children in care. The ICB remit had been a challenge but was improving. There had also been lots of work undertaken on the escalation pathway for young adults who were admitted to an acute hospital and were unable to be discharged when medically fit due to breakdown of placement (it was noted this was also a national issue).

The MSE ICB safeguarding team aim was to continue to work alongside our Providers in the delivery of safeguarding across MSE.

NIB thanked the team for a very comprehensive report and was satisfied appropriate steps were being taken and appropriate progress being made in All Age Safeguarding. NIB would be led by the Safeguarding Team in future to highlight the safeguarding challenges faced by the ICB.

JH asked whether progress had been made on the recruitment to the named professional in primary care vacancy. LM explained there was little interest the first time the advert went out but had since been readvertised and it was hoped there would be more interest this time.

SP enquired whether there was provision for vulnerable groups and for those who might not engage. LM advised that the work with partner organisations involved looking at what minority or vulnerable groups look like and how can we can engage with these groups and provide services that speak to everyone.

Resolved: The Committee APPROVED the Safeguarding Annual Report.

17. Quality Accounts

The report provided a summary of providers' Quality Accounts for 2022/2023 and Mid and South Essex ICB's response as a commissioner of services provided. The ICB had received 9 of the 12 expected Quality Accounts and responses had been drafted to 7 of these and these had been signed off by the core members of the committee virtually (Ronan Fenton, Neha Issar-Brown and Frances Bolger) and returned to the provider for inclusion in their published Quality Account. NIB asked for any questions the Committee may have on the accounts received to be sent to NIB, FB and SM to respond to outside of the meeting.

The MSEFT accounts had been drafted and awaited review before sending to committee members for approval.

The account from EEAST was commented on by their lead commissioner, SNEEICB, who invited comments from partner ICBs, these were fed back to SNEE within their given timeframe.

The ICB currently awaits the Quality Accounts from three providers; St Luke's Hospice and Health Transportation Group and Vita Health.

All the Quality Accounts received and reviewed to date all meet the criteria laid down by the Department for Health and contain all the relevant inclusions for their service. The final three accounts were actively being chased so feedback could be given in a timely manner.

Resolved: The Committee RATIFIED the Quality Accounts update.

18. Review of Committee workplan 2023/24

NIB suggested the work plan was flexible to include urgent or ad hoc matters. NIB also encouraged the group to provide comments on draft agendas when distributed and to advise whether more time was needed for discussion or whether items could be deferred.

It was agreed that Personalised Care and what this means for the System should be included on the Workplan.

SM commented that the frequency of reports had been considered to accommodate the level of discussion required.

Resolved: The Committee APPROVED the Quality Committee workplan for 2023/24.

19. ICB Quality Policies – extension of expiry dates

Due to the organisational change / re-structure process and the possible requirement to amend relevant details thereafter, the Committee were requested to approve an extension to the review dates for policies sponsored by the Quality Committee. Should there be any urgent requirement for review, such as legislative changes, this would be brought back to the committee.

Resolved: The Committee APPROVED the amended review dates of the policies requiring review from 1 July 2023 to 31 December 2023.

20. Quality Escalation Group minutes

SM advised there was an additional escalation to be noted around an ongoing increased prevalence of Infection Prevention and Control issues, both acute side and community acquired. VB advised John Swanson would be leading the system approach with the aim of understanding what is driving the increased rates of C.Diff and subsequent actions to improve the current position.

Additionally, it was reported that the Complaints Team were prepared for the transition of NHSE complaints from 1 July 2023.

Resolved: The Committee noted the Quality Escalation Group minutes.

21. Discussion, Escalations to ICB Board and reports due for next meeting

The Committee noted 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.

NIB advised that due to her forthcoming maternity leave, SP would be chairing the next Quality Committee meeting. NIB invited the Committee to submit suggestions for lived experience stories or agenda items to be shared with SM.

Escalations to Board –

- Acute CQC Inspection Report and Acute Risks
- Maternity workforce vacancies.

22. Any Other Business

There was no other business to discuss.

23. Date of Next Meeting

Friday, 18 August 2023 at 10.00 am to 12.00 noon via MS Teams.

Integrated Care Board (ICB) System Oversight & Assurance Committee

Minutes of meeting held 12 July 2023 at 1.00 pm – 2.30 pm via Teams

Attendees

Members (Voting)

- Anthony McKeever (AMcK), Chief Executive Officer and Joint Chair of Committee, MSE ICB
- 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.
- Frances Bolger (FB), Interim Chief Nurse, MSE ICB.
- Jo Cripps (JC), Executive Director of Strategy & Partnerships, MSE ICB.
- Karen Wesson (KW), Interim Director of Oversight, Assurance and Delivery, MSE ICB
- Claire Hankey (CH), Director of Communications & Engagement, MSE ICB.
- Kostas Karamountzos (KK), EEAST.
- Dan Doherty (DD), Alliance Director (Mid Essex), MSE ICB.
- Selina Douglas (SDo), Executive Director of Partnerships, North East London Foundation Trust.
- Hannah Coffey, Chief Executive, MSEFT.
- Lisa Adams (LA), Interim Chief People Officer, MSE ICB.
- Aleksandra Mecan, Alliance Director Thurrock.

Other attendees

- Dr Pete Scolding (PS), Assistant Medical Director, MSE Integrated Care System
- Holly Randall (HR), Senior Head of Workforce Transformation, MSE ICS.
- Dawn Scrafield (DS), Chief Finance Officer, MSEFT.
- Andrew Pike (AP), Chief Operating Officer, MSEFT.
- Jason Skinner (JS), Director of Finance System Planning & Reporting, MSE ICB (on behalf of Jennifer Kearton).
- Charlotte Dillaway (CD), Director of Delivery and Partnerships, Provide CiC and EPUT (on behalf of Alexandra Green and Lynnbritt Gale).
- Diane Sarkar (DS), Chief Nursing Officer, MSEFT (Items 1 – 9).
- Sean Leahy (SL), Executive Director of People and Culture, EPUT.
- Viv Barker (VB), Director of Nursing – Patient Safety (on behalf of Frances Bolger).
- Vickie Bennett (VBe), Business Manager (People Directorate), MSE ICB.
- 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.
- Michelle Angell (MA), Portfolio Director, Mid and South Essex Partners.
- Lee Robson Brown (LRB), Director of Workforce Services and Strategic Planning, MSEFT.
- Kelly Gibbs (KG), Associate Director of Workforce Development, Systems and Temporary Staffing, EPUT.
- Sara O'Connor (SO), Head of Governance and Risk, MSE ICB (minute taker).

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Apologies Received

- Dr Ruth Jackson (RJ), Executive Chief People Officer, MSE ICB.
- Jennifer Kearton (JK), Interim Director of Resources, MSE ICB.
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB.
- Alexandra Green (AG), Chief Operating Officer, EPUT.
- Lynnbritt Gale (LG), Director of Community Delivery and Partnerships, South East Essex, Essex Partnership University NHS Trust (EPUT)
- James Hickling (JH), Associate Medical Director for Quality Assurance & Governance / Nominated lead from Clinical and Multi-Professional Congress.
- Pam Green (PG), Alliance Director Thurrock.

1. Welcome and Apologies (presented by A McKeever)

AMcK welcomed everyone to the meeting and noted apologies listed above. SO confirmed the meeting was quorate.

2. Declarations of Interest (presented by A McKeever)

AW 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's website.

There were no declarations of interest raised.

3. Minutes (presented by A McKeever)

The minutes of the last SOAC meeting held on 14 June 2023 were reviewed and approved.

SO noted a minor amendment was required to 'Apologies Received' to clarify that AMcK was absent from the whole meeting.

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 A McKeever)

Members noted the action log and the following verbal updates were provided:

- **Action 97 (Nitrous Oxide Serious Incident at MSEFT):** HC advised she anticipated the full report would be available in September and she would update AMcK on the investigation process before then.
- **Action 119 (Advice & Guidance):** KW advised that an update was shared with SW and DD articulating the phased communications plan and the challenge of building advice and guidance (A&G) into Consultants' annual workplans. This action would be tracked through Elective Care Board. James Buschor would liaise with Alliance Directors (ADs), but A&G should not be promoted by ADs at the current time.

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- **Action 125 (Draft Terms of Reference for SOAC):** AMcK advised that he suggested that an ICB Non-Executive Member should be appointed as Chair of SOAC to strengthen accountability between SOAC, the Programme Boards and the sovereign Boards of partner organisations. SW confirmed his agreement to this.

5. Workforce Priorities (presented by H Randall)

HR advised that May 2023 data showed the staff in post trend for MSEFT and EPUT was slightly off-plan, with EPUT at minus 46 FTE and MSEFT at minus 236 FTE. Consequently, significant work was required to achieve trajectories by year-end.

An increase in vacancies in several areas partly related to growth in establishment. Further explanation had been requested.

Following the workforce summit held in June, the ICB met with MSEFT to agree priorities for the next nine months to achieve financial targets. Summit outcomes related to e-rostering pilots and the 'war room' which would manage efficiencies/productivity, recruitment events and programmes, and an improved retention/health and wellbeing offer. A similar meeting would be held with EPUT.

HR highlighted the importance of each organisation committing to the agreed initiatives to reach the targets set, including supporting the undergraduate pipeline.

A robust bank and agency recovery plan was being implemented to bring results into line with the 3.3% target (the system was currently at circa 6.6%). The 'plan versus actuals' slide indicated the system was close to meeting the trajectory, but further work was required. Recent industrial action and heatwaves had impacted upon organisations' ability to reduce temporary/agency staff, but it was envisaged improvement would occur in the coming months.

HR explained that agency use was tracked by the number of full-time equivalents (FTE) and hotspots where costs were highest. However, it was not currently possible to identify how this data related to money spent on a live basis due to variable costs associated with each profession. This presented challenges when tracking financial recovery. However, there had been a decrease in use of temporary and agency staff.

The '12 month rolling turnover' slide compared the current year with the previous year. Apart from EPUT, turnover was lower in 2022/23 than 2023/24 thus far. HR drew members' attention to the note regarding the removal of trainee pharmacists from the turnover data and advised that work was ongoing to show Community Collaborative data in a more comparable way.

AMcK reiterated the importance of linking the number of FTEs to money and advised he had asked Moorhouse to consider this as part of their work alongside the system programme management office. The committee would be updated in due course.

AMcK also noted the primary care data and asked members for comments. No comments were received.

DS referred to the MSEFT Standard Financial Controls (SFC) document setting out action being taken in response to national requirements for systems that had not submitted a balanced plan. The SFC document was currently RAG rated Green (completed) or Amber (in progress) throughout and would be continually updated. External support (Dean Musson) had been provided via the Regional Team to review the plan and maintain oversight.

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Workforce plans had been requested from each division and financial accountability meetings were being held, at which the need to reduce temporary/agency staffing was discussed. It was evident that some vacancies could be filled by alternative roles. There was a focus on sickness absence/turnover/temporary staffing and retaining staff. The Trust was working with the national team regarding best practice for rosters and had introduced a nursing hub to provide a single point of contact for rostering.

The Vacancy Control Panel met weekly and a corporate assurance group for non-clinical posts, including estates/facilities and non-clinical coding staff, would be established.

DS requested system support to review the number of registered mental health (MH) nurses and support to them because, although the number of MH patient admissions remained fairly static, the length of stay and acuity (which often required provision of 1:1 care) was increasing costs and impacting upon patient experience. AMcK confirmed he would discuss this with EPUT colleagues.

Medical job planning arrangements were in place and compliance had improved. A review of medical bank rates was complete, but implementation of the standardised medical bank rate was in abeyance due to ongoing industrial action. Although agency spending had not deteriorated, it had not improved significantly. Further discussions would occur regarding alternative roles to reduce reliance on agency medical staff.

AMcK thanked HC, DS and colleagues for swiftly implementing the nationally required controls and recommended that EPUT and Provide should undertake a similar review. including clarifying the reasons for any increases in establishment.

AMcK advised that he anticipated MSEFT would achieve full adherence to the national control regime imminently, but strict and ongoing compliance to provide a positive impact on finances was crucial.

HR confirmed there were no escalations from People Board to report.

Outcome: The Committee noted the Quality Report.

- Action 127: AMcK to provide SOAC with an update on work being undertaken by Moorhouse in conjunction with the system programme management office to link the number of FTEs with expenditure on a live basis.
- Action 128: AMcK to discuss with EPUT Dawn Scrafield's request for system support to review the number of mental health nurses and support to them due to the increasing length of stay/acuity of MH patients at MSEFT, which often requires 1:1 support.

6. Quality Report (presented by F Bolger)

FB advised that the latest Care Quality Commission (CQC) report for MSEFT was published on 16 June 2023. All three sites were rated 'inadequate'. The next Rapid Quality Review meeting on 7 August 2023 would review the associated action plan. Actions were currently on track and the ICB Quality Team continued to provided support to the Trust.

DS advised that the CQC currently had two inspectors visiting each MSEFT hospital site but nothing negative had been escalated so far. A feedback letter should be received by the end of the week.

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The report on the joint CQC and Ofsted Southend SEND inspection undertaken in March was published 10 June 2023. The action plan would be submitted by 21 July 2023 and presented at the ICB Quality Committee on 18 August 2023. The new Southend SEND strategy would be submitted to the ICB Board on 20 July 2023.

The CQC report following their most recent inspections of EPUT had been published with an overall rating of 'requires improvement'. The Trust had previously been rated 'good'. A quality improvement plan was already in place, with good progress made to-date, and this would be refreshed to incorporate the latest CQC recommendations. The key challenges related to staff behaviour and culture, recruitment of pharmacists and high use of temporary staff. KPMG and the ICB were providing support to EPUT to progress implementation of recommendations at pace. CD confirmed action being taken by EPUT in relation to the latest CQC report.

FB informed the committee that the Secretary of State for Health had confirmed that the Essex Mental Health Independent Inquiry would move to a statutory footing and a new Chair would be appointed. FB also summarised the findings from the recent National Mental Health Rapid review as set out in her report.

AMcK asked DS to ask Dr David Walker to provide an update on the ICE system incident confirming the number of letters that had been dealt with prior to the next SOAC meeting.

Outcome: The Committee noted the Quality Report.

- Action 129: DS to request Dr David Walker to provide an update on the ICE system incident confirming the number of letters processed to-date.

7. Performance Report (Presented by K Wesson)

KW advised that several accountability review meetings were recently held with SOAC sub-groups (elective care, urgent emergency care, mental health, diagnostics, cancer and maternity) and NHS England colleagues attended where possible. It was noted that several sub-group meetings were not quorate due to lack of representation from partner organisations. KW therefore highlighted the need for sub-group members to send a suitable deputy if they were unavoidably absent. AMcK requested KW to ensure that any repeated failure to attend, especially where this prevented business being conducted, was reported to SOAC.

KW advised that an independent sector (IS) provider used to outsource Ear, Nose and Throat (ENT) services had not correctly reported their clocked start dates. Consequently, there was a risk that a significant number of patients were waiting over 78+ weeks. NHSE regional office were aware and were implementing controls to avoid data quality issues.

EMcE advised that although Mid and South Essex (MSE) identified this problem, the IS provider was on a national procurement framework and other systems were potentially affected. It was necessary to understand how the issue arose, the true scale and validate data before agreeing future national reporting arrangements for this provider. This matter had also been escalated as a national issue to identify any other contracts in place and the national impact, if any. KW confirmed additional controls had been implemented to avoid recurrence within MSE.

In response to a query from DD regarding reduced outpatient activity, AP advised that May performance had been adversely affected by industrial action and bank holidays. As of 30 June 2023 the Trust was 1500 behind plan, but would see more new patients this year. There was

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also an assumption that follow-ups would be reduced by 16%. However, the Trust was currently 10,000 up on follow-ups, although a large number were yet to be dated. This had been highlighted via Tier 1 meetings. Consequently, the reduction would probably be less than 16%. KW noted there would be a variance across specialties.

AP confirmed that Cancer and RTT performance had improved in June. Three main recovery trajectories, colo-rectal, urology and skin had been agreed. However, waiting times for plastic surgery for DIEP flap procedures remained high, due in part to the need to train additional nurses in micro-surgery, the length of time each procedure took (10-12 hours operating time per case) plus mutual aid was not available for this specialist procedure.

KW highlighted that some aseptic and chemotherapy machines were beyond their life-expectancy and at risk of breaking down. MSEFT was working with NHS Specialised Commissioning to address this.

AP advised there was a workforce shortfall in pharmacy which, coupled with the rising number of patients requiring chemotherapy, would need to be considered during next year's planning round.

KW advised that the detailed accountability review held with maternity colleagues discussed current challenges being addressed via the various maternity forums. The mental health accountable review, which was also attended by the relevant Hertfordshire and West Essex commissioner, focussed on the need to reduce out of area placements.

AP advised that length of stay was currently 1.4 days less than April, there were no escalation beds in use and there had been an improvement in ambulance handovers.

KW noted that the system draft UEC Recovery Plan had been shared with partners along with specific requests prior to submission to region, and summarised work being undertaken in relation to bed capacity.

In response to a query from SW, DD advised that learning disability health checks were historically undertaken by GPs in the latter part of the year despite efforts to change this. DD agreed to see if anything further could be done to encourage checks to be completed throughout the year. AMcK and KW noted there was a rapid increase in the number of patients on the register who required these checks which had impacted on capacity.

AMcK advised that several cancer nurse specialists remained on fixed term contracts and asked KW to follow-up this up with MSEFT to ensure they were offered permanent contracts.

Outcome: The committee noted the performance report.

- Action 131: SOAC Provider organisation members to remind their respective organisations of the need to send a deputy to SOAC sub-group meetings if their usual representative is unable to attend.
- Action 132: DD to advise whether it is possible for LD health checks to be completed throughout the year.

SOAC minutes approved at meeting held on 9 August 2023

- Action 133: KW to liaise with MSEFT colleagues to ensure cancer nurse specialists on fixed term contracts are offered permanent contracts.

8. Finance Report (Presented by J Skinner)

JS advised that the M3 position was not yet known, but he had prepared a summary of the current position which would be circulated after the meeting. The revenue position was currently £9.8 million behind plan and the scale of deficit was increasing in year. There had been a slow start to the efficiency programme, which was £7 million off plan. Capital was circa £2 million off plan, but there were capital programmes in place which would move the position up and down during the year.

JS outlined the system position for MSEFT and EPUT as set out on the report.

AMcK advised that he and AP had discussed how to align the contracting and budgetary provision for IS partners with the operational use of that capacity and the work being undertaken would be helpful in alleviating some financial pressures.

Outcome: The committee noted the finance report.

9. Financial Recovery Programme (Presented by Michelle Angell)

MA summarised the governance structure put in place and action being taken to achieve the 2023/24 £120 million system efficiency target as set out in her presentation.

AMcK thanked MA and her colleagues for implementing a clear and robust process and invited comments from members. No comments were received.

Outcome: The committee noted the Financial Recovery Programme Update.

10. Regional Response to Operational Plan Submission (presented by J Cripps).

JC asked the committee to note the Regional response to the Operational Plan submission at Appendix 1 and Claire Panniker's letter dated 28 June 2023 to AMcK (provided at Appendix 2 of the Performance Report).

Outcome: The committee noted the update on the Regional response to the Operational Plan submission.

11. Escalations (presented by A McKeever)

AMcK agreed that the following issues would be escalated to the Chief Executive Forum:

- **Finance** – the extent of the financial risks would not be recoverable in-year because insufficient schemes were developed prior to the Operational Plan submission. SW suggested CEF should agree the point in the year when planning for next year's efficiency schemes should commence. AMcK confirmed the work MA was undertaking would cover this.
- **Workforce** – although improvements had been made, it was important to ensure this was accelerated and maintained throughout the year.

SOAC minutes approved at meeting held on 9 August 2023

- **ICE Incident** – BF was conducting a lessons learned review, but resolution of this incident needed to be progressed at pace.
- **Reporting by Independent Sector providers.** SW suggested that CEF should discuss and agree that provider organisations must ensure their sub-contractors were completely familiar with reporting requirements. AMcK noted that the specifics of the national framework had not necessarily been apparent locally and elsewhere. Therefore, when a provider did not meet these obligations an appropriate resolution process had not previously been in place, although KW had since added an additional local requirement within contracts.

AMcK requested KW to write a concise and objective report on the above issues to be shared with partner organisations.

AMcK advised that the CEF was also focussed on a community provision taskforce being led by Jonathan Dunk which would contribute to addressing the required financial efficiencies.

AMcK invited LA to comment on the discussions held. LA advised it was evident from the six meetings she had attended so far that there was strong alignment and focus on key priorities and DS's summary of MSEFT's workforce/financial controls had been very helpful.

AMcK ended the meeting by reminding members that behind the financial and performance data there were individual patients who relied on organisations to provide timely and effective care and it was therefore incumbent upon all partner organisations that further progress was made and sustained.

Outcome: The committee agreed that Workforce, Finance, ICE Incident and Independent Sector provider reporting would be escalated to CEF.

- Action 133: KW to prepare a concise and objective report on the following issues for sharing with the ICB and partner organisations: Workforce, Finance, ICE Incident and Independent Sector provider reporting.

12. Any Other Business

There was no other business discussed.

13. Date of Next Meeting

Wednesday, 9 August 2023 – 1.00 pm to 3.00 pm via MS Teams.