Minutes of Mid & South Essex Integrated Care Partnerhsip (ICP) Meeting

Wednesday 6th December 10:00 – 13:00  
Council Chamber, Council Chamber, Chelmsford Civic Centre, Duke St, Chelmsford CM1 1JE

# Attendees

## Members

* Professor Mike Thorne (MT), ICB & ICP Chair, Mid and South Essex Integrated Care Board (MSE ICB) – Chair
* Cllr Geogre Coxshall (GC), Thurrock Health & Wellbeing Board Chaire & ICP Vice-Chair, Thurrock Council
* Cllr John Spence (JS), Essex Health & Wellbeing Board Chaire & ICP Vice-Chair, Essex County Council
* Cllr James Moyies (JM), Public Health, Adult Social Care & Constitutional Affairs, Southend City Council
* Emily Hough (EH), Executive Director of Strategy & Corporate Services, MSE ICB
* Pam Green (PG), Basildon and Brentwood Alliance Director, MSE ICB
* Nick Presmeg (NP), Director of Adult Social Care, Essex County Council
* Peter Fairley (PF), Director of Integration and Partnerships, Essex County Counicil
* Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB
* Kim Anderson (KA), Partnerships, Leisure and Funding Manager, Brentwood Borogh Council
* Owen Richards (OR), Chief Executive Officer (CEO), Healthwatch Southend
* Paul Dodson (PD), Director of Strategy, Performance and Governance & Returning Officer, Maldon District Council
* Matt Sweeting (MS) Interim System Medical Director, MSE ICB
* Steve Smith (SS) CEO, Haven Hospices
* Margaret Allen (MA), Thurrock Alliance Deputy Alliance Director, MSE ICB
* Robert Parkinson (RP), Chair, PROVIDE
* Mark Heasman (MH), Chief Operating Officer (COO), PROVIDE
* Stephanie Dawe (SD), CEO, PROVIDE
* Giles Thorpe (GT), Interim Chief Nurse, MSE ICB
* Mark Bailham (MB), Non-Executive Member (NEM), MSE ICB
* Eileen Taylor (ET), Chair, East London NHSFT
* Greg Deacon (GD), Head Of Health and Wellbeing, Writtle University College
* James Wilson (JW) Transformation Director, Mid and South Essex Community Collaborative
* Nigel Beverley (NB), Chair, Mid and South Essex NHSFT (MSEFT)
* Cllr Jeff Henry (JH), HOSC Chair, Essex County Council
* Grant Taylor (GT), Head of Culture and Health, Basildon Borough Council
* Cllr Jane Flemming (JF), Elected Member, Essex County Council
* Anthony Quinn (AQ), CEO/Alliance Chair, SAVS
* Camille Cronin (CC), Director of Research and Professor of Nursing, University of Essex
* Lorraine Jarvis (LJ), Chief Officer, Chelmsford CVS
* Kirsty O’Callaghan (KO), Director of Director of Community Resilience, Mobilisation & Transformation, MSE ICB
* Cllr Lyndsey McCarthy-Calvert (LM), Councillor, Castle Point Borough Council
* Mandie Skeat (MSk), Deputy Chief Executive Officer, Basildon Borough Council
* Daniel Doherty (DD), Mid Essex Alliance Director, MSE ICB
* Geofrey Ocen (GO), NEM, MSE ICB
* Sheila Salmon(SSa), Chair, Essex Partnership University Trust (EPUT)
* Tegan Gardiner (TG), Business Manager, MSE ICB

## Other attendees

* Maggie Pacini (MP), Consultant in Public Health, Essex County Council – *Deputy for Lucy Wightman*
* Helen Forster (HP), Public Health, Thurrock Council – *Deputy for Jo Broadbent*
* Simon Prestney (SP), Head of Community Resilience, Mobilisation & Transformation, MSE ICB
* Kellianne Clark (KC), Transformation Manager, MSE ICB
* Emma Timpson (ET), Associate Director for Health Inequalities and Prevention, MSE ICB
* Dr Sophia Morris (SM), System Clinical Lead for Health Inequalities, MSE ICB
* Dr Pete Scolding (PS), Assistant Medical Diector, MSE ICB
* Megan Williams (MW), Carers First *(Member of the Public)*
* Rita Suubi (RS), Multiple Care Solutions *(Member of the Public)*
* Ben Emmanuel Wataka (BEW), Multiple Care Solutions *(Member of the Public)*
* May Hamilton (MH), *(Member of the Public)*
* Peter Blackman (PB), Blackman Services *(Member of the Public)*

## Apologies

* Lucy Wightman, Director of Wellbeing, Public Health and Communities, Essex County Council
* Krishna Ramkhelawon, Director of Public Health, Southend City Council
* Chris Martin, Director for Strategic Commissioning (Children and Families), Essex County Council
* Sheila Murphy, Corporate Director for Children Services, Thurrock Council
* Leighton Hammett, Chief Superintendent, Essex Police
* Nigel Harrison, Pro Vice Chancellor & Dean, Anglia Ruskin University
* Tim Middleton, Vice Chancellor, Writtle University
* Sam Glover, CEO, Healthwatch Essex
* Kim James, CEO, Healthwatch Thurrock
* Mark Tebbs, CEO, Southend and Thurrock CVS
* Cllr John Mason, Leader of the Council, Rochford District Council
* Cllr Lisa Newport, Lead Member, Rochford District Council
* Cllr Julie Gooding, Lead Member, Rochford District Council
* Jonathan Stephenson, CEO, Rochford District Council
* Tracy Dowling, CEO, MSE ICB
* Ronan Fenton, System Medical Director, MSE ICB
* Cllr Richard Sidall, Leader of the Council, Maldon District Council
  1. Networking

At the beginning of the meeting there was a short networking opportunity.

* 1. Welcome and Apologies

The Chair welcomed everyone to the meeting and introcuded Emily Hough the new Executive Director of Stragey and Corporate Services for MSE ICB.

Apologies were noted as listed above.

* 1. 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.

Declarations made by **I**CB Board and committeemembers are also listed in the Register of Interests available on the ICB website**.**

There were no declarations raised.

* 1. Minutes

The minutes of the last meeting on 28th June 2023 were received and approved as an accurate record

**Outcome:**

* **The ICP APPROVED the minutes of the meeting held on 28th June 2023 as an accurate record.**
  1. Action log

The action log was noted. Updates on the outstanding actions were covered under item 6 of this meeting.

**Outcome:**

* **The ICP NOTED the action log.**
  1. Questions from the Public

All questions raised by members of the public were submitted in writing prior to the meeting and responses to the questions were shared with the relevant persons after the meeting.

**Peter Blackman** asked a question to the ICP. Emily Hough provided a response to the question. Peter was in attendance at the meeting.

Question:

*“MSE Integrated Care System has been under intense pressure since the summer. The ICB has performed as well as possible under the additional stresses of strikes and enforced re-structuring. But the ICP has been in limbo since its June meeting. How is the ICP going to be resurrected? How will South Woodham Ferrers benefit and how will, and can, its contributions to its PCN, proposed INT, Mid Essex Alliance and the ICP help? Our contributions to the VCFSE Assembly continue, only on the basis that the Assembly will now become a real, complete part of the ICP and will be a considerable asset.”*

Response provided by Emily Hough:

*“Thank you for your offers of support to the ICP. Agenda item 7 will talk through how the ICP is proposing to develop a delivery plan for implementation of the strategy. Agenda item 11 provides an opportunity to discuss how we can continue to build on the work the community assembly is doing, part of this is how we continue to strengthen engagement and partnership with communities at all levels of the ICP.”*

**Alison Thorpe** asked a question to the ICP. Mike Thorne provided a response to the question. Alison was not in attendance at the meeting therefore was emailed the response to the question.

Question:

*“I would like to ask the ICP if they are aware of the failings of the payroll provider Wearepurple? Essex County Council have terminated their contract (direct payments for care needs) the ICB have not and many users continue, as did ECC direct payment users prior, to have ongoing issues, i.e. unpaid staff who care for their loved ones, unanswered phones/emails etc, Wearepurple hold and manage public money on behalf of the ICB.”*

Response provided by Emily Hough:

*“The question relates specifically to the performance of a Provider commissioned by the ICB, it is not the role of the ICP to become involved or respond to issues that it’s members would be responsible for addressing. The ICB (and our other partners) have robust processes in place for contract management and consequently I would expect any issues to be addressed accordingly.”.*

**Outcome: The ICP NOTED all questions raised from members of the public.**

* 1. Delivering the Integrated Care Partnership Strategy

EH advised the Integrated Care Partnership Strategy was published in March 2023 and acknowledged since it had been published, the members of the ICP have been working to collectively improve the health and wellbeign of the population of Mid and South Essex. However a delivery plan to support implementation of the commitments of the Strategy has not yet been developed.

To support the priorities of the Strategy and consider the whole breadth of the needs of the population, it was proposed a small Delivery Group is established to agree the priorities and develop a delivery plan for 2024/25.

It was acknowledged the whole system is facing significant financial challenges and the Delivery Group would set out the resources required to delivery the agreed 2024/25 priorities within the Strategy whilst ensuring opportunities to draw on community assets across Mid and South Essex are maximised to continue to deliver sustainable high quality care.

The Delivery Group will meet 3 times between January and March 2024 to work up the agreed deliveries of what will be done jointly across the system. The Group will bring engagement from a range of partners and services to work together to look at how added value can be brought to the system through collaborative working on jount agendas.

The members of the ICP were asked if there were themes their organisation would be keen to lead on or if there was any support they would be able to contribute to help continue the partnership approach to working.

GO thanked EH for the report and was happy to see the good work that has already been completed and asked how the delivery plan would be more inclusive and ensure a wide range of voices heard. EH confirmed it is important to have key voices contributing to the delivery plan and to continue building on the the work that is already underway to engage local communities such as the Community Assembly and Alliances.

MH advised PROVIDE would be happy to support with the Workforce Recruitment, Retention and Development priority.

GD also showed support from Writtle University College to continue the work they are doing around Workforce Recruitment, Retention and Development to continue to develop the community and health.

PD highlighted the work being undertaken by Maldon District Council working with the Alliance to look at services and how health can be integrated into the delivery of all services.

NP advised they would be happy for Essex County Council to take a lead on the Health Inequalities priority with the district councils.

PF would like to sit on the Delivery Group and advised the Adult Social Care teams are already supporting the delivery some of the priorities.

DD advised there needs to be a better understanding at Alliance level on the development of health infrastructure. This would support with the better utilisation of section 106 monies at a system level to support local planning with district councils and make more strategic use of these funds. It would also allow greater opportunities for other bodies to bring health and communities together.

MP advised Essex County Council will be appointing a joint post between Public Health and Planning to support colleagues in the district council with discussions around estates and infrastructure.

It was suggested the assessment of resourcing needs to be done soon to allow Partners the opportunity to put this within their budgets before they are set.

OR acknowledged the financial position of other partnership and raised a concern about the need to ensure proper effective efficient engagement to make best use of resources. EH agreed there is a need for clear effective engagement to utilise resources appropriately and to maximise the opportunities and work already in place with colleagues across the Community Assembly.

JS supported the proposal of the Delivery Group and advised a shared sense of proporistiation will support areas of pressure and promote transparency and communication.

**Outcome:**

* **The ICP NOTED** **the progress in delivering** **improvements to the services for the population of Mid and South Essex.**
* **The ICP SUPPORTED the proposal to establish a Delivery Group for a 2024/25 delivery plan to support the implementation of the Integrated Care Partnership Strategy.**

**Action:**

* EH to reach out to those who have offered support and work with TG to establish the Delivery Group
  1. Update from the Population Health Improvement Board (PHIB)

ET provided an update on the work of th PHIB.

It was highlighted the top three contributors to premature mortality attributed to socieconoic inequality are cancer, cardiovascular disease (CVD) and respiratory disease.

PHIB has been established for a year and consists of representation from Partners across the ICP to drive an integrated approach to improve improve population health and reduce inequalities.The CORE20PLUS5 framework has been adopted their work around health inequalities, prevention and personalisation for adults and children .

In November 2023 PHIB undertook its first annual effectiveness review which identified a number of achievements and areas for improvement. There has been a commitment from Partners to deliver shared vision with the oversight of health inequalities funding. However, there is a need to set long-term ambitions and refresh the priorities to inclide social determinants based on data on the greatest gaps/opportunities. Along side this there is a need to establish a delivery plan to support the implementation of these priorities and strengthen the accountability between PHIB, Health & Wellebing Boards and the Alliances.

PHIB is progressing work around the ‘first 5,000 households’ which was set out in the ICP Strategy. A framework has been developed to look at the to identify and support the households that will be implemented locally through the Alliances and their Integrated Neighbourhood Teams (INT). The Population Health Management (PHM) team are supporting the identification of households based on socioeconomic and health related drivers of poorer outcomes.

Further engagement surrounding the ‘first 5,000 households’ will be undertaken in Q4 2023/24 in an initial 9 INTs and will roll out more widely in 2024/25 following a test and learn period.

This ICB has committed £3.4M of health inequalities funding to enalble some accelation and learning by implementing new collaborative approaches to health inequalities. Alliance have appointed partners to identify areas of priority with a breadth of schemes being implemented across Mid and South Essex.

It was advised PHIB are looking at how they can ensure they are looking at the wider detriments of health without being too health focused.

MT asked if there are schemes that would be spread across Mid and South Essex if they have been working well in one area. PS explained the CVD work that has been done in Thurrock has now been rolled out across Mid and South Essex utilising the learning and evidence from the original scheme in Thurrock. This work is also being showcased regionally and nationally.

The University of Essex are supporting with a review of the Health Inequalities funding.

It was acknowledged there is a challenge with preventative and public health initiatives as the outcome is a lot slower. Despite this, investment is being made from Partners across the system to support with public health and PHM opportunities.

MS supported the awareness of the challenge with preventative measures, it has been captured by the Stewardship team it can take 10-15 years to see the outcomes of this work start to take shape. Therefore there needs to be realistic target outcomes.

It was highlighted the outome of this work may not just be to reduce the amount of premature mortality and but it could be to maintain the current level and prevent further increases with an increasing population.

ET provided feedback that wider concerns surrounding the cost of living and housing also need to be considered in this work as these are also significant contributors to the health of the population.

OR highlighted the need to balance the use of qualatitive and quantative data and bring in lived experiences from people within the area. It was also noted there is still a bit of disjointment between PHIB and the Alliances as they are not fully sighted on all of the health improvement work going on.

GO agreed there is some disjointment and there is a need for there to be a system level dashboard which can include EDI metrics.

DD advised the Alliances will be presenting at a future ICP meeting and they have a lot of common work looking at the role of childhood obesity on CVD and respiratory illness as well as other wider detriments of health.

OR raised a concern about the use of language around the ‘first 5,000 households’ and that the system needs to make sure they aren’t labelling those people as this would have a negative impact.

EH thanked colleagues from PHIB for the work they have undertaken and responded to OR agreeing in the necessity to be careful with language but explained the ‘first 5,000 households’ is a way of working rather than a name for the population. It was one of the commitments within the ICP Strategy to identify gaps in service provision through INTs. It will be key to balance national, system and regional directives with the populations needs.

**Outcome:**

* **The ICP NOTED the update on the work of the PHIB in supporting the common endeavour to reduce health inequalities together.**
  1. System Pressures

PG provided the ICP with an overview of system partnership working to mititgaate system pressures.

On Monday 4th December, 4 Transfer of Care Hubs (TOCH) went live. There has already been a good demonstration of team work around this. The council has worked closely with the NHS in the development of the TOCHs to improve discharges and ensure people leave hospital on the right pathway.

There has been various bits of work with intermediate care (IMC) beds and reablement of patients on the wards. There has been positive experiences of patietns receiving reablemnet on the wards and a reduction in the length of stay on the ward.

There has been work undertaken with bridging services in the acute Trust to look at how duplication can be reduced to improve discharge processes in community hospitals and how they can be more streamlined.

The voluntary sector has been key in the engagement and mobilisation of social prescribers to support mental health patients and is becoming common practice.

PG highlighted information around ambulance wait times and A&E handovers was contained within the slidedeck shared with the agenda.

NB advised they are already starting to see the differences the TOCH is making and there is a clear commitment to partnership working that feels different to previous years. The TOCHs will be tested in the upcoming period of industrial action.

It was acknowledged there is not yet a good way for the acute to know about a patient’s history before they are admitted which can help inform the delivery of care they receive and their discharge planning process.

JS asked if there is still a concern around patients attending hospital if they are not able to get a GP appointment. PG responded advising it is varied across the practices but there is improvement. Many practices have improved access post-COVID but there are some still suggesting remote contact as the primary source of appointment. There are populations who are still not wanting to use digital solutionas and not understanding the variety of roles within general practice, not just GPs.

NP highlighted there is still not a collective data driven strategy and advised 60% of residential care home admissions from hospital discharges are patients who did not previously receive care and the council are not aware of them but other Partners are. NP asked what is being planned to develop this.

BF advised there is a need to have a system that can support driving workflow and alerting organisations of admissions but there is also a need in culture change for workforce to alter the ways of working. A contract has been signed for a platform which will support this alongside the Shared Care Record but it is important staff know when to use the Shared Care Record to ensure it is not used too late.

OR fed back that people are still saying their GP surgery is closed and there is a communication issue of people not understanding or having confidence in the variety of roles that are supporting them. A concern was raised about the promotion of community pharmacies as an alternative when a number of them are closing and how they need to be supported.

It was highlighted there is a need to understand what is going on in communities and how to promote the additional roles in primary care while looking at the gaps in provision of public health.

MH asked if there is a plan to role the ward led reablement service out wider and what is needed to help continue these good practices. PG explained the trial has been roled out in the north of the county and has traction to role out futher. There is support from Active Essex and hybrid working is needed to understand wha is being done on the ward and what is sustainable to continue in the community. The TOCHs currently cover 3 hospitals and work will be done at the end of the winter period to look at recommissioning and demonstrate the impact the affordable solution is having on the whole system.

MS advised work is being done in the community and primary care to identify the frail population and target individuals with interventions outside of wards. There are 13,000 people recognised as being frail within Mid and South Essex and the work by primary care and a INTs in South East Essex has shown a 70% reduction in A&E attendances.

It was highlighted in October there more primary care appointments than before and a triage system is being developed to look at if an appointment is needed and if so what clinician is best but there does need to be change in the population culture to understand this.

**Outcome:**

* **The ICP NOTED the report.**
  1. Smoking Control

PS attended to provide an update on the working being completed with distributed leadership in relation to tobacco dependency.

A number of figures were presented to highlight the impact of smoking on the system and the range of areas it has an impact on.Within MSE ICB, tobacco dependency is responsible for approximately 1,500 preature deaths a year with a total cost of smoking to society of £1.2B due to healthcare costs, lost productivity, socal care costs and fires.

14.2% of adults within Mid and South Essex smoke compared to 12.5% nationally. Those who are unemployed, on low incomes or living in areas of deprevation are more likely to smoke than the general population. Smoking attribuated mortality rates are 2.1 times greater in the most deprived local authorities than those in the least deprived. In MSE there are many families pushed into poverty due to spending on tobacco, which totals around £2,500 a year for the average smoker.

PS provided an overview on the impact of smoking on Core20PLUS5 in Mid and South Essex.

The Government have proposed for new legislation to support their ambition of smoking prevalence being reduced to 5% or less by 2030. Mid and South Essex Partners have responded to consultation in support of the Government’s action to reduce smoking prevalence in line with public views in the East of England.

NHSE’s Long Term Plan also sets out amitions for a smoke free society by 2030 which includes expanding Stop Smoking Services (SSS) access, targeting vulnerable groups like pregnant women and those in deprived areas, increasing availability of effective nicotine replacement therapy (NRT) products and promoting e-cigarettes as a harm reduction tool for smokers unable or unwilling to quit completely.

Regionally, the Association of Directors of Public Health support the government’s commitment to protect children and young people from the harms of vaping. Reports from local authories have provided insights into the prevalence and trends of youth vaping in the area. These report are essential to inform work to reduce current usage and prevent the uptake of vaping among children and young people.

In line with the national and regional efforts, to support a smoke-free environment by 2030 Mid and South Essex, local councils are implementing a comprehensive tobacco control strategy. This strategy includes tobacco control and vaping networks, preventing youth uptake of smoking and vaping, sharing public health messages that recognise that vapes continue to play an important part in smoking cessation for adult smokers building on the messaging from the Chief Medical Officer for England and action to support smoking cessation in NHS patients, supported by targeted national investment from NHSE.

MH raised asked if there is any guidance or advice on the increasing number of young people using of nicotine pouches, commonly called snus. PS clarified there isn’t a national policy around this but understands they are illegal to sell or supply but are legal for use.

MP highlighted local work with children and young people is important and they need to be engaged in the development of crafting solutions to protect them from the harms of vaping. They aren’t aware of some of the dangers and they need to be engaged to understand what is happening and to help Partners understand why they are vaping.

Due to the newness of vaping it is not yet know the full extent of the harm it can cause to young people or non-smokers nor has the peak of the trend been seen. Children are becoming addicted to vaping and it is causing disruptive behaviours in schools.

GC suggested it is also key to include Trading Standards and to work with them to address shops who are knowingly selling to underage people and those selling illegal products.

**Outcome:**

* **The ICP NOTED the approach outlined to smoking cessation and tobacco control.**
* **The ICP were made aware of the services provided locally to encourage professional and self-referrals to the services.**
* **The ICP ENDORSED** **the recently proposed legislative change.**
* **The ICP AGREED** **to share information from the paper that may be of interest to wider partners.**
  1. Community Assembly

KO and SP attended to provide the ICP with an update on the Community Assembly and the work they are doing to support the ICP.

KO advised with the support from the Voluntary Sector and Alliance colleagues, the Community Assembly has grown to include 55 active organisations and a maturity matric has been developed to support the collaborative working.

There are 85 organisations which meet digitally with a range of Task and Finish Groups being established to look at the data and leadership across the organisations.

The Community Assembly a looking for clarity on how they can help and further continue to support the work of the ICP.

SS commented on how the Community Assembly is integrating with Partners and the Alliances and how the momentum is building which is leading to the creation of some good work involving creative ideas.

EH reaffirmed the importance of engaging with this sector to build on and utilise the resource and voices being fed through rom the Community Assembly and other community engagement. It is providing an opportunity to sharpen how this engagement is carried out across the system. It is also important to involve those voices in the agreement of the Delivery Plan for the ICP Strategy.

**Outcome:**

* **The ICP NOTED the update on the Community Assembly.** 
  1. Any other Business

No other business was raised.

* 1. Date of Next Meeting

Date: Wednesday 13th March 2024

Time: 10:00 – 13:00

Venue: Committee room 4a- Civic Centre. Victoria Avenue, Southend on sea, Essex, SS2 6ER