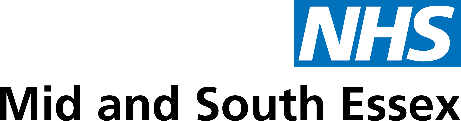
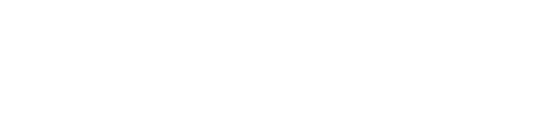
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**NHS Mid and South Essex**

**Joint Forward Plan Refresh   
2024-2029**

**NHS Mid and South Essex Joint Forward Plan 2024-2029**

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# About this Document

This document provides a refresh of Mid and South Essex Integrated Care Board’s (MSE ICB) Joint Forward Plan for 2024-29. It recommits the NHS system in MSE to the strategic ambitions set out in the 2023-28 Joint Forward Plan, which were developed in partnership with local stakeholders and approved by the Essex, Southend and Thurrock Health and Wellbeing Boards in June 2023 and by the ICB Board in May 2023.

MSE ICB is a system that is currently facing significant financial challenges. During 2023/24 the system planned to deliver a £40m deficit. Having faced significant financial challenges in year driven by workforce, performance and quality challenges the system revised its forecast in year having been unable to meet the planned figures. This financial challenge will continue into and beyond 2024/25. The ICB’s immediate focus is therefore on recovering a sustainable financial position, delivering on national operational requirements and maintaining a focus on addressing health inequalities as we do those. The details of how this will be delivered in 2024/25 are being developed through the system’s Operational Plan, which will be published in line with the national timetable.

This refresh of the Joint Forward Plan therefore includes two things:

1. A reminder of the strategic ambitions the system has committed to
2. A summary of some of the commitments the ICB delivered on in 2023/24

More detailed Operational Plans that describe the ICB’s priorities for 2024/25 and how it will deliver on those will be published in an updated Joint Forward Plan later in 2024.

# Foreword from our Chair

I am delighted to present the Mid and South Essex Integrated Care System Joint Forward Plan for 2024-2029. In this refresh of our Joint Forward Plan, we are recommitting to the strategic ambitions we developed with our partners last year. These ambitions are the foundations for how we will further develop and improve our services to better meet the needs of our population and communities. We know that we can only do this successfully by building on our existing joint work with local government, listening to our people and communities, to deliver change.

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

Within these many challenges, we are also a system that has high ambitions to improve the health and wellbeing of the population that we serve. During 2023/24 we have delivered impressive and long-lasting improvements and have had many successes.

In addition to recommitting to our strategic ambitions, this revised plan highlights the good progress we have made in 2023/24, a number of which have been recognised nationally, for example, our Anchor Programme, virtual hospital, Stewardship and innovations such as Teledermatology and our Happy Hubs and wellbeing cafes that provide a one stop wellness shop within our community. In December 2023, primary care delivered over 7% more consultations than in the same period the year before. This is being supported by new roles, technology and self-referrals pathways that will help residents access the best care to meet their needs.

We are committed to continuing to work together across health, local government and with our communities to do all that we can to improve outcomes for our local population. The specifics of how we will do that will follow this Joint Forward Plan as we finalise and publish our Operational Plans for 2024/25.

**Professor Michael Thorne CBE**

**Chair**

**NHS Mid and South Essex Integrated Care Board**

# 1: Strategic Ambitions

## Introduction

Mid and South Essex Integrated Care Board (MSE ICB) oversees the NHS budget for the 1.2 million people that live and work in mid and south Essex is spent. In 2024/25 that budget is expected to be in the region of £2.1 billion. The ICB is responsible for developing a plan for how to invest and spend that money to deliver care and support services that will help improve people’s health, deliver high quality care that meets their needs and that offers value for money.

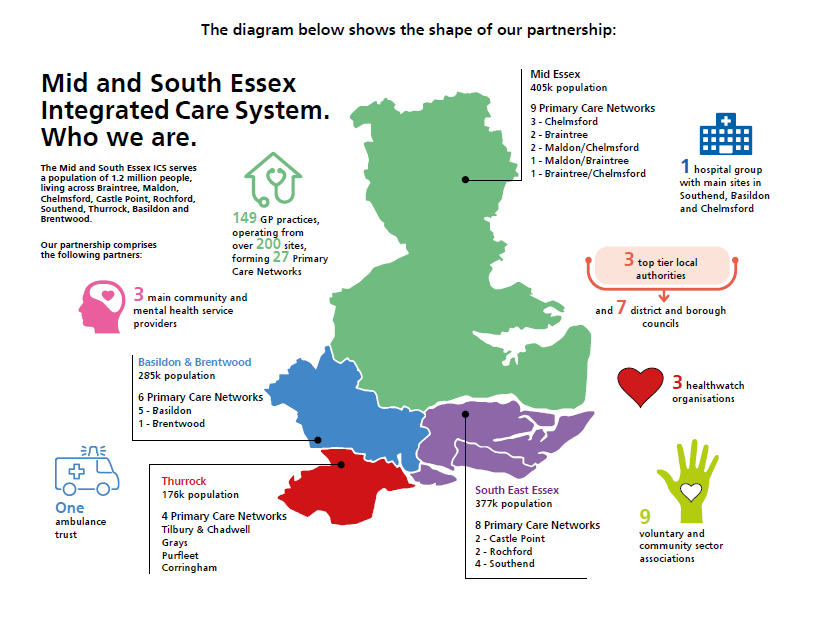
Figure 1 shows the shape of our partnership across MSE, which includes 149 GP practices working across 27 Primary Care Networks, three community and mental health providers, one acute hospital trust working across three large hospitals, one ambulance trust, three upper tier local authorities and seven district and borough councils, three Healthwatch organisations and many community, voluntary, faith and social enterprise sector organisations.

Throughout 2023/24 the financial and operational context across the NHS in MSE has remained challenging, with the system facing increasing financial challenges as it aims to deliver sustainable services that meet the needs of local residents. At the end of 2023/24 the system is reporting a system-wide deficit of £57 million and is currently working within a ‘triple’ lock, with any unplanned investments or those over £25,000 being scrutinised by NHS England, as well as the ICB.

Despite this, the ICB remains committed to being a health and care partnership working for a better quality of life in a thriving mid and south Essex, with every resident making informed choices in a strengthened health and care system. We want people to live longer, healthy lives, to be able to access the best of care and to experience the best clinical outcomes, and for us to be able to attract good people to work with us, recognising we offer meaningful careers.

This Joint Forward Plan recommits the ICB to the strategic ambitions that were developed by the system in 2023 to align with the [Mid and South Essex Integrated Care Partnership (ICP) Strategy](https://www.midandsouthessex.ics.nhs.uk/about/integrated-care-strategy-2023-33/). These ambitions are informing the development of the detailed operational plans that will set out how local NHS funding will be spent in 2024/25, which will be published later in 2024/25.

*Figure 1: Mid and South Essex Integrated Care Partnership*



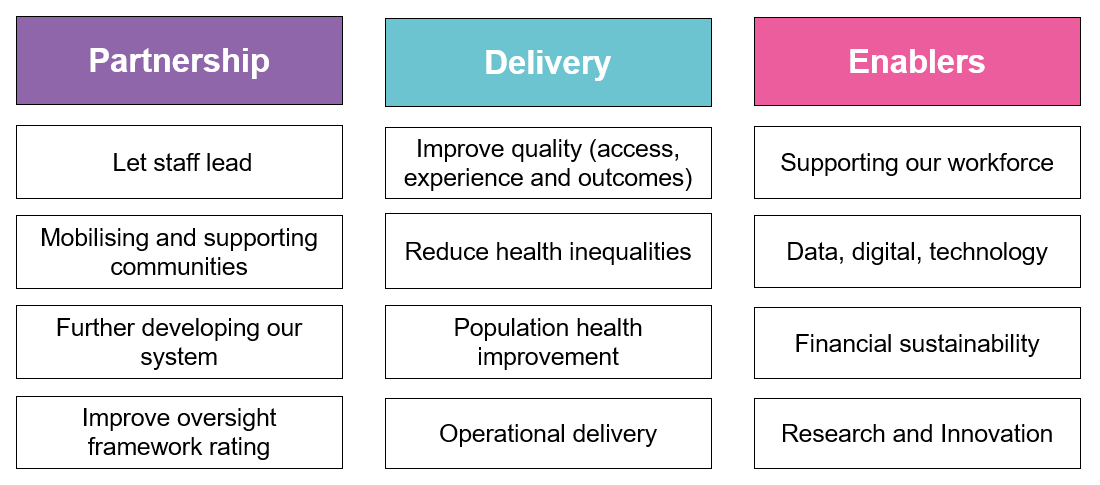
## Our Strategic Ambitions

In 2023, the ICB committed to twelve strategic ambitions for our health and care system. These strategic ambitions are informing the system’s operational planning and delivery, ensuring that the ICB can deliver on its statutory duties and maintains a focus on the Triple aim of improving the health of our local population, improving the quality of services we provide and improving the efficiency and sustainability of local services. The ambitions also support the four key aims of Integrated Care Systems to:

* Improve outcomes in population health and healthcare;
* Tackle inequalities in outcomes, experience and access;
* Enhance productivity and value for money; and
* Supporting broader social and economic development.

For the 2024-2029 Joint Forward Plan, the ICB’s strategic ambitions have been grouped under three headings that reflect areas of focus across the ICB:

1. **Partnership:** These ambitions focus on how we work together to develop and deliver our plans and provide collective assurance on the quality and value that services offer to local residents.
2. **Delivery:** These ambitions focus on operational delivery to drive improved quality of care for patients, adjusting how we deliver to address health inequalities and look at upstream delivery to improve the health outcomes across our populations.
3. **Enablers:** These ambitions focus on the critical enablers in our system that are needed to support successful delivery and effective partnership working to improve care outcomes. Those include our workforce, data, digital and technology, financial sustainability and research and innovation.



### Partnership

1. **Let Staff Lead**

Our workforce are our biggest investment and our greatest asset. An engaged and empowered workforce is more likely to deliver high quality care and support the transformation that is needed in our system.

The ‘Stewardship’ programme in MSE is putting clinical and operational leaders at the centre of work to drive the transformational change that is needed in our system. Stewardship offers staff the chance to receive training and development that will help them engage with data, information and evidence to help them identify and address challenges in the services they are working in. Our stewards also ensure that we have access to the expert advice that we need to inform the development of clinical and operational pathways to support the ongoing improvement of care.

We are supporting our Stewards to lead clinical change through regular leadership and development opportunities, including our Summits. As the programme evolves we will be bringing the Stewards closer to our overall Financial Recovery programme and considering how they can help us drive improved productivity alongside improved outcomes and experience for patients.

Alongside our Stewardship programme, we are reviewing our System Clinical Leadership to ensure resource efficiency, system value and a focus on quality improvement. This work is being supported by the Clinical Leadership and Innovation Directorate and is underpinned by the national principles that will see clinical leaders better connected, developed and supported in our system. Our clinical leadership development programme ‘Leading Better Together’ will support those stepping up to lead in our system.

Staff are often best placed to identify opportunities to improve our services. The ICB is committed to developing a model for Quality Improvement that will help equip and support staff to speak up and step up in suggesting ways that they can improve the quality and value of care offered to patients.

1. **Mobilising and supporting our communities**

It is important to acknowledge the breadth of assets that exist across our communities in MSE. We recognise that there is more that we can do to work with communities to acknowledge, draw on and support those assets to support local residents. This is central to the development of local Integrated Neighbourhood Teams.

We are committed to continuing to listen to and work with individuals, groups and communities to ensure that we both understand local challenges and develop asset based responses to local need. MSE [Virtual Views](https://virtualviews.midandsouthessex.ics.nhs.uk/) has been established as an online community for local people to share their views, experiences and ideals about local health and care services. In addition, we will continue to develop our approach for engaging our people and communities through our placed-based Alliances and the development of our Community Assembly.

1. **Further developing our system**

The ICB is continuing to develop as both as organisation and as a system. Investing in our collective development and partnership working is critical to enabling our success as an integrated care system. As we continue to mature as a system, we will invest in our leaders as individuals and as teams so that they are equipped to help lead effective decision making and delivery across our system.

We are continuing to strengthen our partnership working with local authorities across mid and south Essex at all levels, including our district and borough councils. We recognise the importance of collaborating in how we plan and deliver health and care services for the benefit of local residents, and the ICB and ICP continue to align with and support the priorities identified by the three upper tier Health and Wellbeing Boards and our local placed-based partnerships, our Alliances.

A core part of our system development is our place-based Alliances. We will continue to develop and mature these partnerships so that they can better understand the needs of local communities and support delivery of integrated services that support improve population health outcomes, quality of care, experience and value. Alliances will develop delivery plans around shared local outcomes that contribute to our priorities as an ICB and ICP. They will use an asset-based approach to community development to drive transformation and focus on the wider determinants of health to improve health outcomes, particularly through the vehicle of integrated neighbourhood working. As Alliances continue to mature and develop, they will look for opportunities to make best use of the collective resource to deliver sustainable change.

The ICB is now responsible for commissioning all primary care services, including community pharmacy, optometry and dental services. This provides us with a further opportunity to strengthen primary care services in our system and consider new ways of delivering care and treatment to meet local need. Looking forward, MSE expects to be one of the first system in the country to receive delegated responsibility for commissioning specialise services. We are excited about the opportunity this provides us to review how we commission services to best meet the needs of our local population.

The ICB is also supporting the development of a number of provider collaboratives across our system, including:

* The Primary Care Collaborative for mid and south Essex, including a focus on supporting the sustainability of general practice and implementing the recommendations from the Fuller review.
* The Community Collaborative, which brings together Essex Partnership NHS Foundation Trust (EPUT), North East London NHS Foundation Trust (NEFLT) and Provide Community Interest Company (CIC).
* The NHS Specialist Mental Health, Learning Disability and Autism Provider Collaborative across East of England.
* Mid and South Essex NHS Foundation Trust (MSEFT) to reduce variation and increase the quality and value of care offered across its acute and community hospitals.

The NHS in MSE remains committed to being an anchor in our community. With a budget of over £2 billion and a workforce of over 16,000, we are a huge contributor to our local economy. Through the MSE Anchor programme the ICB will continue to explore ways that we can contribute to wider social and economic development through:

* **Our workforce:** helping local people to gain jobs in the NHS through the Anchor Ambition programme, anchor youth programme, apprenticeships and then ongoing career development. We will also continue to focus on the wellbeing of our workforce and their families as potential users of our health and care services.
* **Our purchasing:** the NHS is committed to ensuring social value remains an important consideration in our procurements. This includes including requirements around ethical and labour standards, including net zero and modern slavery requirements, in all our procurements and contracts.
* **Our buildings and spaces:** we are currently developing our infrastructure strategy, which will consider how we can make better use of the buildings, spaces and assets we have across MSE to better serve our patients and the wider community.
* **Our environmental impact:** MSE is currently refreshing our Greener NHS plan for the system to ensure that we are taking appropriate action to reduce NHS emissions, including reducing carbon and air pollutants. The plan will also consider what adaptations health and care services will need to take to respond to the challenges climate change is presenting today and in the future.
* **Our partnerships:** we remain committed to working with and learning from others, both in our communities and beyond. We want to be a learning system, working to make best use of the assets and resource that we have access to so that we can best serve the people living in MSE.

1. **Improving our NHS oversight framework rating**

The NHS oversight framework looks at how local NHS partners are aligning with wider system partners and aims to identify areas where systems might require additional support.

MSE ICB remains committed to improving its oversight framework ratings, recognising that this is a system facing significant financial and quality challenges and is currently failing to recover care in line with the national targets.

To support the system in its financial recovery, an Executive Director of System Recovery has started working across ICB and MSEFT.

### Delivery

1. **Improve quality**

Whilst the NHS in MSE been working hard to address known quality issues, several challenges remain in the system, including the delivery of sustained improvements in mental health, perinatal/maternity care, and supporting our children and young people with Special Educational Needs and Disabilities (SEND). These are evident from current CQC ratings and Ofsted Inspection findings, as well as patient experience indicators and inquiries into local services, specifically in mental health provision.

The ICB is committed to supporting all providers to improve the quality of care they provide, including working across the system to deliver the CQC ‘should do’ and ‘must do’ recommendations, and Ofsted Inspection recommendations, through evidence assurance and triangulation of improvements across the system. This work will be overseen by the Quality Committee, which is a formal sub-committee of the ICB Board, which remains a focus on ensuring it continues to listen to patient voices around areas of concern, improving patient experience and outcomes. Work is further supported by quality groups and forums such as the MSE System Quality Group, the Harm Free Care forum and a system Learning from Deaths group. The system also remains committed to participating in national work streams, including the national Maternity and Neonatal Safety Improvement Programme and will be looking at mental health pathway reconfiguration in line with the wider Essex All Age Mental Health Strategy and national standards.

This work will be supported through the development of an updated ICB Quality Strategy for 2024/27 which will align with the National Quality Board principles.  This new ICB quality strategy will build on a review of the previous 2021/23 Quality Strategy and Implementation plan.  It will contain a set of quality objectives which will use quality information and data to provide a clear understanding that reflects our local system intelligence. The ICB will develop robust system quality dashboards which will align quality metrics on processes and patient outcomes.  This will evidence ongoing sustainable and equitable improvement. The ICB Quality strategy will articulate our quality priorities and will go beyond performance metrics and include outcomes and preventing ill-health and use the Core20PLUS5 approach to ensure inequalities are considered.

The ICB maintains its statutory functions relating to safeguarding, forming partnerships with local authority and police partners in order to ensure that the system safeguards children and adults at risk of abuse as part of its collective responsibility. Safeguarding responsibilities are led by the ICB’s Executive Chief Nursing Officer, supported by clinical leads to ensure that the partnerships focus on prevention of abuse. The ICB Safeguarding Team will be working with system partners to ensure that the updated Working Together to Safeguard Children (2023) guidance will be implemented across the system.

During 2024/25 the ICB will be focussed on ensuring that quality data is synthesised and delivered in a way that is consistent, and in line with Data for Improvement. Data dashboards which focus on key clinical quality improvement priorities are being designed at the current time to enhance an understanding of variation in outcomes across populations, in order to focus resources on addressing where greatest need is identified. Furthermore, the ICB team will consider how it can link with the NHS IMPACT (Improving Patient Care Together) team in order to support organisations maximise quality improvement opportunities. NHS IMPACT is a single improvement approach to support organisations, systems and providers to shape their strategy underpinning this with continuous improvement, and to share best practice and learn from one another.

1. **Reduce health inequalities**

Reducing health inequalities for the population who live and work in mid and south Essex is the Common Endeavour that sits at the centre of the system’s Integrated Care Strategy. We know that existing health inequalities have been exacerbated by Covid and we must continue to listen to the experience of individuals and communities regarding their experiences, and work with them to help us design support, together.

Using data, both quantitative and qualitative, to better understand the specific drivers of health inequalities experienced by local residents will be key to developing our serviced to overcome potential barriers to access, outcomes or experience. MSE is committed to using the ‘core20PLUS5’ frameworks developed by NHS England to help us understand and address health inequalities in our communities.

In addition to focusing investment in communities that live in our most deprived areas, we have identified a number of local ‘PLUS’ groups for adults and children who live and work in mid and south Essex and are committed to working with partners and communities to develop plans for how we can address the barriers they experience in engaging with health and care services. We remain committed to investing in this work, through microgrants to local groups, through Alliance-level health inequalities and targeted system investment in priority areas.

As a Core20PLUS5 accelerator, with clinical, financial and programme ambassadors, we remain committed to embedding a focus on addressing health in equalities in all that the ICB does. This will include having a focus on ensuring that any recovery plans take account of the need to identify and address health inequalities alongside our drive to improve financial sustainability.

1. **Improve population health**

Traditionally the NHS has focused on treatment and curative activities. While we have, more recently concentrated on early identification and intervention, we recognise that we must play a full part, with our public health teams and wider partners, on prevention. As we seek to do this, we must recognise the importance of supporting more personalised care that responds to an individual’s needs and situation. Empowering patients to have more choice and a more personalised approach to managing their health and any treatment they may need should be embedded in how we offer care across mid and south Essex.

The importance of focusing on improving health overall was reinforced through engagement with our Community Assembly in February 2024. When considering the components of the Integrated Care Strategy’s ‘[Plan on a Page](https://www.midandsouthessex.ics.nhs.uk/about/integrated-care-strategy-2023-33/what-is-important/)’, those who were in the discussion highlighted prevention and early intervention as being the things they considered to be most important for the system to focus on.

Delivering on these ambitions is a core focus of MSE’s Population Health Improvement Board (PHIB). PHIB brings together stakeholders from across health, public health, local governance, alliances and community and voluntary partners to identify, develop and oversee delivery of plans to improve overall population health, prevention and reducing health inequalities. The PHIB is committed to focusing on joint prevention priorities relating to smoking cessation, supporting healthy weight and addressing wider determinants of health; and to using population health management approaches to support targeted programmes to improve health outcomes and tackle health inequalities.

Improving the health of our populations is also a core focus of our place-based alliances which bring together and integrate services across a wide range of local partners in health, care and beyond. Central to this is the development of our Integrated Neighbourhood Teams and the development of our Primary Care Networks. This local approach supports delivery of personalised care, supporting patients to more involved in the decisions about their own care and their right to choose. Alliances are also lead local decision making on the best use of the Better Care Fund to support patients to access care that they need to receive the care and support they need as close to home as possible.

1. **Operational delivery**

The NHS in MSE needs to do more to ensure that patients can access high quality care at the right time, first time. The ICB remains committed to improving access to and experience of care for local patients.

The NHS is working to continuously improve how we offer care to our patients across all settings of care and in MSE we still have a long way to go to recover care in line with national targets in areas including: urgent and emergency care, planned care and cancer. We remain focused on using data, insights and benchmarking in relation to our activity, outcomes and experience to understand the areas where we are doing well, and the areas where we are falling short. Through our alliances and provider collaboratives we want to share learning and best practice and ensure a targeted focus on improving care for those who find care hard to access or are having a poor experience, specifically those who have identified health inequalities.

The longer term ambitions for primary care in MSE will be updated through the primary care strategy, due for publication later in 2024/25. This will be the first integrated primary care strategy covering primary medical services, community pharmacy, optometry and dental services that has been produced by the local system. This will build upon “The Fuller Stocktake” (the development of Integrated Neighbourhood Teams), the local response to the Primary Care Access Recovery Plan and the Dental Plan. This strategy will be developed in dialogue with provider representation and wider stakeholders. The ICB recognises the importance of good access to primary care services as, for most people, this is where the majority of NHS provision is delivered. Sustainable and effective primary care will have a stabilising effect across the wider health and care system.

Whilst the strategy will provide a long term direction of travel, the ICB will maintain momentum with the transformation of primary care services. We will continue to make changes in line with our Primary Care Access Recovery Plan. By the end of June, all practices in MSE will have access to a good standard cloud-based telephony solution. We will expand the number of self referral pathways that our patients can utilise and promote these through social media, practice websites and other outlets. We will promote access into community pharmacy, optometry and dental services who are best placed to support patients with a range of issues that currently present to general practice. We will support practices to use digital tools and new triage approaches to ensure that patient need is consistently assessed and managed in the most appropriate way and avoid the current 8am rush on phones where despite best efforts, need is often managed on a first come first served basis rather than being based on clinical need. We will work with dental providers to better support our population through increasing capacity in contracts, piloting innovative approaches to address specific needs and encouraging retention through career development linked to new services. We will improve collaboration between general practice and community pharmacy to support both providers with their long term sustainability.

To support improvements in Mental Health across our system we have developed a Southend, Essex and Thurrock All Age Mental Health Strategy in partnerships with our providers, local government colleagues, partnering ICPs and Essex Police. The vision that underpins this strategy is to promote good emotional and mental health for everyone, reduce health inequalities and to improve life outcomes for those with mental ill health, enabling them to recover and live well. Our work to improve mental health services must cover all ages, recognising the increased pressure facing today’s Children and Young People and the associated impact that is have on demand for services. Working in partnership with education and the voluntary sector, we will be looking to find ways to increase support through prevention and early intervention initiatives that also address the health inequalities facing children and young people in our communities. We also recognise that we need to do more to support people of all ages with Learning Disabilities, Autism and others with neurodiversity in our community. We will review our support and develop a more sustainable model of provision for patients across Southend, Essex and Thurrock, with the aim of improving access and experience of support to all people who need it. This will also include a focus on ensuring that the ICB responds to the expected assent of the Downs Syndrome Act.

MSE’s Growing Well Programme Board is currently developing a strategy to improve care and support available to babies, children and young people in our system. This work, which consider both physical and mental health needs, will build on existing plans to improve care for children in areas such as: special educational needs and disabilities (SEND), asthma, diabetes, epilepsy, urgent and emergency care, oral health and end of life care.

Medicines optimisation looks at the value which medicines deliver, making sure they are clinically effective and cost-effective. MSE is working to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions. We are maintaining a focus on achieving antimicrobial resistance prescribing metrics and reducing risk of medicines-related harm from high-risk drugs through improved monitoring. Central to this is embedding shared decision making when prescribing and making better use of clinical decision support tools to reduce variation across MSE. Community pharmacists support patient care through delivery of a number of clinical services including New Medicines, Discharge Medicines, Blood Pressure Check and Oral Contraceptive Services, and most recently ‘Pharmacy First’ which launched in January 2024. Digital integration of community pharmacies with general practice and PCN Community Pharmacy Lead roles will support implementation of these initiatives. Over the period of this Joint Forward Plan, the Integrated Care System will increase its focus on improving productivity across all parts of the system. We need to ensure that we are maximising the use of the resources that we have to ensure that people are being seen as quickly as possible in the setting that best suits their needs. We will continue to innovate and test new ways of supporting people to access care in the best way for their current needs, whether that is an urgent or planned care need.

To support the delivery of these operational objectives, we are continuing to review and strengthen how we govern our system through partnership working, but also effective oversight and assurance. Following the recent restructure of the ICB, completed in January 2024, we have been undertaking a Corporate Review that will support this.

### Enablers

1. **Supporting our workforce**

We want people to see the NHS in mid and south Essex as a place they want to work and build a career in. We want to attract a diverse workforce and support people from mid and south Essex to work and progress in our system. We want to train and maintain the best clinical and non-clinical talent and are aware that to do that, we need to create environments and opportunities that will appeal to all.

Developing our workforce to be able to deliver the care models of the future requires effective planning. Training clinical staff takes years, so we need to get better at mapping out our long term workforce needs and supporting people through training and placements in our system. We want to keep building on exciting developments in medical and nursing training through local university partnership with Anglia Ruskin University and the University of Essex to create life-long careers for both those leaving school and those looking to retrain. We will also continue to develop our ‘One Workforce’ initiative to attract, train and maintain Healthcare Support Workers to the MSE NHS Workforce.

The NHS is one of the largest employers in mid and south Essex. Recognising this role as an ‘anchor’ in our community, MSE’s Anchor Ambitions programme continues to provide support for people looking for employment opportunities in the NHS and beyond.

People who work in the NHS in MSE have demonstrated, through their staff survey results, that we have work to do to improve our organisations, with less than 50% of staff in either the acute trust of the ICB recommending our organisations as good places to work. We must take the time to understand the issues in our organisations and work to address them to attract and retain our talent, creating a culture and environment that people want to and feel safe and supported to work in. This is particularly true in the acute hospital, where high vacancy rates continues to drive use of more expensive temporary staffing which can also impact on the quality of care offered to patients.

We have made significant strides in our work to provide recruitment, retention and development support to our Primary Care workforce. The MSE Training Hub, supported by the ICB People Directorate and led by a team of Clinical Leads and Ambassadors, is highly regarded across the region for its best practice work in supporting primary care transformation and developing the current and new workforce required to deliver world-class patient care. The hub supports our PCNs with their breadth of workforce planning, including the embedding of new roles through the Additional Roles Reimbursement Scheme (ARRS). It develops, delivers and procures education and training for GPs and primary care teams. It supports educational placements in PCNs and practices and career support to staff from new to practice, mid and late career. The hub delivers clinical practice specialty and refresher training, development for clinical supervisors and educators, CPD and training in management and administration.

The ICB is fully committed to the implementation of the comprehensive NHS EDI Action Plan with its six high priority actions:

1. Measurable objectives on EDI for Chairs Chief Executives and Board members.
2. Overhaul recruitment processes and embed talent management processes.
3. Eliminate total pay gaps with respect to race, disability and gender.
4. Address Health Inequalities within their workforce
5. Comprehensive Induction and onboarding programme for International recruited staff.
6. Eliminate conditions and environment in which bullying, harassment and physical harassment exist

This plan provides specific actions that we know from evidence and data will make a real difference to our ambition to be a highly inclusive organisation but the plan always shows how we can learn and respond to lived experiences.

Our recently established MSE People Board is leading the development and oversight of the systemwide plans to support all this work and help us ensure that we attract, train and retain staff to help us deliver high quality and high value care to our patients.

1. **Data, digital and technology**

We know that healthcare is lagging behind many sectors when it comes to making best use of both its data and the potential that technology has to offer. The ICB is committed to working collectively to improve both the data and intelligence that we have and use in our system, and the use of digital and technology solutions that will improve the staff experience of delivering care and the patient experience of receiving it.

MSE is the first system in the country to commit to implementing a single Electronic Patient Record (EPR) across our local providers. Mid and South Essex NHS Foundation Trust (MSEFT) and Essex Partnership University NHS Foundation Trust have jointly procured a technology partner that will see them have the same EPR system in place. The trusts are targeting quarter two of 2026, which is subject to investment case approvals and contractual agreements. This joint approach will allow for more integrated care pathways across our acute and community pathways, offering a better experience for patients and staff. Alongside this, we are working to implement a Shared Care Record that will enable information to be shared across health and care partners and technology that will enable patients to have better access to their own healthcare records.

Across MSEFT and EPUT work continues to implement our digital patient interface with appointments and diagnostic information being shared electronically to patients across both organisations by Oct 2024.

The success of Virtual Wards in MSE demonstrates how effective use of technology can transform how we deliver care. We must continue to build on these successes to implement proven technologies that will allow us to transform and improve how we deliver care at all stages of the pathway. As we do this, we will continue to support our staff, partners and patients to receive the training needed to help them improve their digital literacy and use of emerging tools. An example of this is our primary care ‘tiger teams’ that are working to help local practices maximise the use of new technologies and data that is available to them.

As we improve our ability to collect data and integrate our data, we must continue to work on our supporting data and digital infrastructure so that we can generate and use insights to inform improvements in planning and operational delivery. Alongside the technical platform that will allow greater integration and data reporting, we will continue to train and develop our staff to draw out and use the insights that such solutions provide.

Engaging patients and communities in how we are developing our data, digital and technologies across the NHS is key. It is important that we ensure that digital solutions enable the provision of care, and don’t increase digital exclusion or become a barrier to access. We must recognise the differential needs of our population and ensure that we are listening to where technology can help, as well as being transparent in our plans to use data to improve how and what care we provide.

1. **Research and innovation**

Research and innovation are integral parts of the NHS constitution and key enablers in driving improvements in clinical care. They can help attract additional investment into the local system and broader economy, can provide greater opportunities for staff to expand their experience and career opportunities and offer benefit to patients and the public through opportunities both participation and improved outcomes.

As our ICB continues to mature, we will develop our strategies for both research and innovation. This will start with the publication of an updated Research strategy in 2024. The strategy will ensure that we are supporting research across all settings of care, increasing our focus on research in primary and community care and the wider determinants of health. This will be aligned with the work of the newly established Greater Essex Health Determinants Research Collaboration (HDRC). Our research strategy will also be informed by the work we are currently undertaken through our Research Engagement Network project, which is looking to increase engagement from groups that are traditionally under-represented in research.

In developing an innovation strategy, MSE will continue to build on its established track record of innovation, including its local Innovation Fellowship programme for staff working in our health and care system, which is hosted by MSEFT, who also host a number of national innovation schemes. These schemes demonstrate the value we place on supporting our staff to innovate, test and learn. We will explore options to expand our innovation programmes and not only test new ideas, but also focus on scaling proven innovations that can improve outcomes and value in our system. We will remain open to new and evolving technology innovations, including the potential AI has to transform not only care delivery, but also efficiency and effectiveness in clinical and corporate support services.

MSE is part of the UCLP Academic Health and Science Network, which reaches into North East and North Central London. We will continue to work with UCLP in implementing proven innovations and practices that will help us improve the health of our local population.

Alongside the strategies, we will continue to evaluate and report on the impact investment in research and innovation is having in our system and our broader economy. It will important to recognise that not all research and innovations will deliver the expected benefits, but reporting on and learning from work that doesn’t succeed is as important as continuing to invest and scale what works so that we remain a learning system.

1. **Financial sustainability**

MSE ICB remains committed to delivering high quality care that offers value to the taxpayer. As the system enters another year facing a significant financial deficit, there is a significant challenge ahead to develop and deliver plans that will allow us to live within our means and meet the needs of residents.

As the financial challenges in the system increase, the financial scrutiny and oversight also increases. The system has now entered ‘triple lock’, with more financial decisions being reviewed by both the ICB and NHS England. This is increasing the focus on how we are managing all components of our financial plans. This includes the significant pay costs across our NHS providers, which still includes a high volume of temporary staffing, as well as non-pay and non-healthcare service costs.

Alongside this review of spend, it is important that we consider where we have made investments that have not added value. In a system that support innovation and improvement it is important that we continue to test ways to improve our services. However, it is equally important that we evaluate those investment and review the impact that they have had. If things are not delivering the expected impact, we must commit to stopping them and considering alternative uses for that investment.

To further support our commitment to achieving financial sustainability, the system has committed to a review of corporate functions and areas which might drive efficiency and savings by consolidating our ‘back office’ functions across multiple system partners. A system-wide NHS infrastructure strategy is also being developed to explore opportunities to make better use of the physical assets we have to support patient care and improve the health of our local communities.

Through the newly appointed Executive Director of System Recovery, the system will continue to interrogate its costs and activities to identify opportunities for efficiency and productivity in how we work. In addition to using tools, such as the Finance Playbook to benchmark opportunities for improvement, the system will continue to look at how it can transform care to offer better outcomes for better value.

# 2: Delivery in 2023/24

This section of the Joint Forward Plan (JFP) sets out some of the things that Mid and South Essex Integrated Care Board (MSE ICB) has delivered in 2023/24 against the strategic ambitions that we set for our system.

### Partnership

1. **Let Staff Lead**

MSE’s Stewardship programme has continued to bring together clinical and operational leaders to focus on how we can best ‘steward’ our resources to improve the care we provide to patients in MSE.

Our Stewardship Expo event, held in October 2023, demonstrated the progress made by a number of our Stewardship groups so far, including:

* **Urgent and Emergency Care**: Our UEC stewards have established and trialled a new Unscheduled Care Co-ordination Hub (UCCH) to test a new way of supporting patients with an urgent need to access the most suitable pathway to meet their needs through a central co-ordinating multi-disciplinary team (MDT). The trial has demonstrated that a coordination hub of this kind is effective in directly people to the pathway most suitable to them, which can reduce pressure on Emergency Departments and reduce Ambulance waiting times. Over 44 active days in 2023/24 the UCCH saw over 1100 patients, with over 560 (51%) of referrals being referred to an alternative urgent care pathway, therefore avoiding an attendance at the Emergency Department.
* **Cancer:** Our multi-disciplinary group of cancer leads are using a new cancer dashboard to better understand where the challenges are across our cancer care pathways, and are working to introduce projects that improve patient case finding and offer more personalised care to our patients.
* **Ageing Well**: Our ageing well stewards have focused on how they can support people in MSE to age better through more empowered choices and control over their health and wellbeing, whist offering more efficient care. Through new assessment and reporting tools (FrEDA) and improved use of electronic registers and data they have develop an Ageing Well Dashboard that captures and measures the things that really matter and make a difference for patients. This has allowed them to identify 12,000 new people with frailty, dementia or end of life needs since April 2022. This work has supported a 5% reduction in 30 day hospital readmission rates, a 50% reduction in rates of older people with more than three unplanned hospital admissions in their last 90 days of life, around 10,000 hospital bed days saved through the Frailty consultant hotline that is helping avoid emergency attendances and over 3,000 people supported through Frailty Virtual Wards.
* **Stroke:** Our stroke stewards have supported improve stroke education across our ICS, have expanded Level One psychological care for stroke and increased access to rehabilitation assistants in community settings. This has supported an improved Acute Sentinel Stroke National Audit Programme rating to an ‘A’. Stroke Stewards have also supported work on the development of the community rehabilitation stroke pathway, including recommendations on increasing the number of stroke rehabilitation beds across MSE, which is currently being consulted on.

In addition to the Stewardship Programme, we continue to support the development of our clinical leads through our Leading Better Together programme, which has had over 40 people on it during 2023/24. Our broader Lunchtime and Learn sessions, open to all MSE staff who have expressed an interested in developing as a clinical leader, had 160 people undertake leadership development during 2023/24. We also saw 120 aspiring, emergent and established clinical and care leaders (from primary, community, third sector and social care stakeholder organisations) come together at our MSE Leading Better Together 2023 conference with keynote speech by Prof Claire Fuller, NHSE National Medical Director for Primary Care, to underpin and share learning about PCNs, INTs, and the Fuller Stocktake, combined with wellbeing coaching for leaders.

1. **Mobilising and supporting communities**

Work with our community, voluntary, faith and social enterprise sector partners has progressed through our Alliance partnerships and our system-wide Community Assembly. The Community Assembly was established in 2022, but continues to be a work-in-progress as we work with the sector to consider how we can best partner with them to support our local communities through the collective power of our assets.

Our work to engage and involve public and patients has been strengthened through our new [Virtual Views](https://virtualviews.midandsouthessex.ics.nhs.uk/) platform, launched in November 2023, which provides an online community where people can share their views, experiences and ideas about local health and care services. Virtual Views is supporting conversations across the system, within our Alliances and on specific projects and issues, including women’s health services, our Research Engagement Network and proposed changes to local community hospitals.

In November 2023, four Transfer of Care Hubs (TOCHs) were established across MSE, one per Alliance footprint. Each TOCH facilitates pull from the acute hospital into the community pathways including the emerging Integrated Neighbourhood Teams (INTs). NHS Alliance Directors are 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) enables a targeted focus on enhancing flow, reducing length of stay and improving the experience and outcome for residents.

In 2023/24 nine initial Integrated Neighbourhood Teams (INTs) across MSE were established and have undergone assessment against an agreed framework. The assessment indicates that all INTs are anchored in neighbourhoods acknowledged by the community. Core providers are positioned at the heart of the INT, and incremental transformation is grounded in shared learning and collaborative efforts. To support this, South East Essex Alliance have established a Strategic Integrated Neighbourhood Group (SING) that brings together key voluntary and statutory partners from all eight neighbourhoods to oversee the development of local INTs.

Examples of community initiatives that have been delivered in 2023/24 include;

* **The Langdon Hills Estate Residents Association (LHERA)** created the Duvet Project aiming to distribute duvets to vulnerable residents, to provide warmth due to the escalated cost of the estates uncapped District Heating unit price, which had increased by 201% alongside the impact of the rise on the cost-of-living. In total of 65 duvet sets and duvets, six pillows and six baby blankets were delivered supporting over 80 residents on the estate including: 18 single residents, 21 couples and 13 families with 28 children.
* **Sound and Vision (Sensory) CIC** supports deaf, blind and sensory impaired people to access their community, take part in leisure activities, enjoy positive mental health activities and much more. Through their support, deaf, blind and sensory impaired people are able to access activities they would like to experience to improve their well-being. They have received funds through the MSE ICB Inequalities Microgrant Programme, to introduce new activities into deaf blind people’s lives by providing specialised support at no cost to them.
* During 2023/24 **Neurodivergent Safe Space – Southend** received funding from the Inequalities Microgrants Programme to provide free community mental health support group. The service provides support for neurodivergent (ND), autistic, PDA, attention deficit hyperactivity disorder (ADHD) teens and young adults, between the ages of 13-20 years who are experiencing mental health difficulties.

1. **Further Developing our System**

During 2023/24 we have continued to support the development of our collaboratives across the system, including:

* Continued development of our local place-based Alliances as local partnerships focused on identifying and addressing the needs of our local communities.
* Launch of the new Primary Care Collaborative in February 2024 as a place for us to bring together stakeholders working across the breadth of primary care to discuss how we can continue to develop services to best serve local patients.
* Consolidating our Community Collaborative across Essex Partnership NHS Foundation Trust, North East London NHS Foundation Trust and Provide Community Interest Company. The Collaborative has supported the development of a staff ‘passport’ to allow more flexible working across the Collaborative and is focused on identifying and removing variation in service provision to improve the quality of and access to care across the whole system.
* The development of the Southend, Essex and Thurrock Mental Health Strategy has set a vision, supported by a set of actions that will see improve health and care outcomes for local people.

1. **Improve Oversight Framework Rating**

In 2023/24 the NHS across MSE has demonstrated improvements in a number of areas, including:

* Quality improvements at MSEFT that led to an improved Care Quality Committee (CQC) rating from ‘inadequate’ to ‘requires improvement’
* East of England Ambulance Service NHS Trust (EEAST) coming out of special measures in two areas, with the CQC lifting two additional conditions on its licence

During 2023/24, MSE continued to face significant financial challenges across the system, with both of the providers within our control total ending the year with financial deficits. Given this, the system has been working under a ‘triple lock’ arrangement since February 2024, with all non-planned requests for investment and all requests over £25,000 facing additional assurance from both the ICB and NHS England.

### Delivery

1. **Improve Quality**

In 2023/24 the ICB has focused on improving its governance and assurance around the quality of care provided for our residents. This has included implementing the Patient Safety Strategy and Patient Safety Incident Framework; establishing the Quality Committee and the System Quality Group; implementing a revised safeguarding structure across the system and reviewing our approach to managing complaints. A key component of each Quality Committee meeting is a deep dive review and the presentation of patient voices around a particular area of concern. This has been particularly successful and impactful and driven real quality improvement in areas such as eating disorder and maternity services. Going forward the Quality Committee aim is to strengthen this process therefore improving patient experience outcomes.

Through the leadership of the Nursing and Quality Team, all providers have had their Patient Safety Incident Response Frameworks and Plans approved, formally ratified by the Executive Chief Nursing Officer in line with national Patient Safety Framework. Through the delegation of oversight to ICB, the Patient Experience team are now overseeing concerns and complaints relating to primary care, pharmacy, optometry, and dental services. The analysis of complaints and concerns will help support identification of emerging risks to service provision across the system and enable the primary care quality team to engage with providers to ensure standards of care delivery and access are sustained and improved across the system.

The Primary Care Quality Team has worked both proactively and reactively with general practices to improve the quality of care we can offered to our patients. The team has supported a number practices who have received poor Care Quality Commission reports to systematically address the issues identified by the CQC. On re-inspection, the majority of practices subsequently achieved good outcomes. Proactively, the team reach out to practices to pre-empt issues and provide guidance and support to avoid deterioration.

1. **Reduce health inequalities**

Each Alliance has a local health inequalities programme which oversees the investment of its health inequalities funding, in partnership with a designated ‘Trusted Partner’. Local activities and investments vary, based on the needs of the community, but examples of successes include:

* Improved Health Check performance across Basildon and Brentwood, with more people with Learning Disabilities having a check in 2024 (61%) compared with 2023 (56.5%) and over 60% of people with serious mental illness having a check.
* Health and wellbeing cafes introduced across Basildon and Brentwood Primary Care Networks to increase engagement with local residents and provide information on key topics, such as winter readiness. The hubs have also supported people attending homeless shelters to register with local GP Practices so they can receive the support they need.
* Achieve Thrive Flourish (ATF) is a strategic partnership for local delivery of a Sport England pilot focused on supporting wellbeing in Basildon. One of our PCNs in Basildon is working in partnership with Active Essex to support the West Basildon Wellbeing café, which is hosting one of the PCN social prescribers. This work is supporting social prescribers to support the local population, including attending homeless shelters to support individuals not yet registered with a local GP practice to register and access the ongoing support they need.
* PCNs in Southend have worked with the Innovations in Healthcare Inequalities Programme (InHIP), delivered through University College London, to use an outreach vehicle to deliver services to communities at high risk of CVD in the heart of Southend.
* MSE ICS teamed up with Ford and local community health leaders to identify and assess the effects of ‘long covid’ by offering a mobile clinic specialising in spirometry, BP and ECG testing. the Ford Transit Van. The Transit houses the equipment, allowing NHS clinicians and health workers to offer a ‘one-stop-shop-service’ to assist residents in the county that may have mobility issues, language barriers or live in more rural areas of the town. Due to the success of this programme of work plans are in place to enhance this model further during 2024/25.
* Thurrock PCNs and Thurrock Public Health designed a new holistic approach to care, setting up and designing their own multiple morbidity clinics and interventions focused on cardio-vascular diseases, supporting the management of existing conditions and lifestyle support services. The clinics are overseen by an advanced nurse practitioner and include social prescribers, community pharmacy, as well as Thurrock Healthy Lifestyle Service for smoking cessation, and weight management.
* A new innovative project called Greening Southend Queensway in working to improve the outdoor green spaces on the Queensway estate and support the improvement of the communities’ health and care. The project, delivered by mental health and wellbeing charity [Trust Links](https://www.trustlinks.org/) and funded by the SEE Alliance Health Inequalities grant funding from 2022/23, will give people living in the Victoria Ward access to green spaces and get them involved in physical activities outside to improve their own communities, while improving residents’ mental and physical health, as well as decreasing social isolation. This is particularly important as population health data about the residents highlights that they often have multi health conditions including, severe mental illness and [chronic obstructive pulmonary disease (COPD)](https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/). It’s also been highlighted as a coastal community with pockets of deprivation hidden amongst relative affluence. In addition, it’s in the top 10% most disadvantaged areas in England according to the [Indices of Multiple Deprivation (IMD) 2019](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019) and is therefore a target area for the NHS under the [Core20PLUS5](https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/) inequalities framework.

The system’s CVD prevention programme been supported by £80,000 of funding from NHS England, allowing additional focus on health inequalities. The programme has enabled 2,000 monitors to be sent out to 19 PCNs and distributed to 80 practices in areas of high deprivation and has seen an additional 15 PCNs in areas with the greatest CVD needs in areas of greater deprivation of with higher black or Asian ethnic minority groups to sign up to the CVD Locally Enhanced Scheme.

Lung health checks taking place across MSE have helped diagnose 100 new lung cancers in residents.

1. **Population health improvement**

Work to improve the identification and management of cardiovascular disease (CVD) of those living in our community has been a priority for our system in 2023/24. We have continued to roll out the BP@Home programme, with nearly 98,000 people having participated in the scheme since March 2021 and improved GP practice information and patient guides that respond to patient feedback which highlighted they have a lack of awareness and information on how to monitor their blood pressure at home as part of the scheme. The MSE Lipid QOF Enhanced Service has been introduced across 27 practices with a high percentage of CVD patient and low treatment to threshold performance rates.

Over the last year we have established in-house smoking cessation service for acute inpatients for behavioural support, nicotine replacement therapy or pharmacotherapy. This is supported with follow-up post discharge and referral to community stop smoking services. We have also improved support for individuals who are pregnant, offering smoking cessation support at their first contact with the pregnancy booking line and carbon monoxide monitoring at ante-natal appointments, which offers the opportunity for very brief advice and referral to in-house services.

During 2023/24, MSE has worked towards implementing the principles of a whole system approach to addressing obesity prevalence and supporting residents access to weight management services. To support this, the ICB has developed a weight Management dashboard which will inform future transformation work and has identified potential unmet need of 35,572, adults whose BMI is equal or above 30 or 27.5 for Black or Asian ethnicities and have diabetes or hypertension without a recorded referral into weight management services. We have also worked with local authorities to develop an integrated weight management service pathway and roadmap, commenced an outcomes focused evaluation framework which will continue into 2024/25 and inform Tier 3 re-procurement of specialist weight management services. This work is critical as demand for Tier 3 services continues to rise, with significant waiting lists in place across the system and the potential for new drugs to further drive up demand.

1. **Operational delivery**

In 2023/24, the ICB has continued its upward trajectory on the number of consultations being undertaken in primary care. As of December 2023, primary care in MSE had undertaken 7.1% more consultations than the equivalent period in 2022/23.  The Primary Care Access Recovery Programme is supporting the roll out of Cloud Based Telephony to all practices, introduced a ‘total triage’ model across a number of practices and established 11 self-referral pathways into musculoskeletal services, weight management services, community podiatry and wheelchair services.

By working in partnership with PCNs, the ICB has made significant progress on the recruitment of the additional roles reimbursement scheme (ARRS). As of Month 9, we are forecasting an 87% utilisation of resource (£24m of £27.5m). This represents a £7.7m increase on 22/23.  Whilst the overall satisfaction in general practice reported in the national GP patient survey remains below the national average, MSE’s results have plateaued in 2023/24, despite a national downward trend.

In the first year of delegation, the ICB has taken forward a number of initiatives to improve access to dental services and support the recovery of Units of Dental Activity (UDAs) to pre Covid pandemic levels. The ICB has established an urgent access pilot, care home pilot, allowed a number of contactors to deliver in excess of their contracted activity and recommissioned UDAs from contract hand backs.

Integrated Neighbourhood Teams (INT) have started to demonstrate positive results for patients and the system, with early results from the Central Basildon INT showing that their model has saved around 6,000 GP appointments across 650 patients, as well as reducing A&E attendances within the cohort by 30% and reporting improved staff satisfaction.

MSE has seen an improvement in delivery of Talking Therapy 90 day waiting targets. This will be further supported by a review of opportunities to harmonise services across MSE to both offer improved patient outcomes and value in the services that we commission. MSE has focused on improving delivery of annual health checks for people with severe mental health and the ongoing community care support they receive. We have also been reviewing our model of care for adults with eating disorders to offer an expanded model of care.

MSE is continuing to work to address the backlog of patients waiting to receive planned care treatment across the system. Currently there are still over 2,000 patients that have been waiting over 65 weeks for treatment. The system is also still not meeting the national cancer standards, with only around 62% of people getting a diagnosis or having cancer ruled out within 28 days of referral and only 38% of people having their first definitive treatment within 62 days of receipt of an urgent referral. Over 23% of patients are waiting more than six weeks for a diagnostic test.

The ICB has successfully reduced the rolling 12m antibacterial items /STARPU from 1.143 in April 2023 to 1.108 in December 2023 (latest data available) whilst maintaining proportion of co-amoxiclav, cephalosporins and quinolone items below 10% (8.53% in Dec 2023). It has also reduced overprescribing. In Oct 2022 there were 111,458 (10.87% c.f. 10.79% national average) people taking 8 or more unique medications (range across alliances 8.33% to 11.04%) and the average number of unique medicines prescribed for all patients in MSE was 3.66 compared with 3.53 nationally. In December 2023 figures had reduced to 37,690 (9.30% c.f. 11.15% nationally) and 3.37 compared with 3.58 nationally.

### Enablers

1. **Supporting our workforce**

Understanding our current workforce and planning for the future has been a key focus in 2023/24. The NHS Long Term Workforce Plan released in 2023 is the most comprehensive workforce plan in NHS history and provides a blueprint that can be tailored to the needs of our system. Its ambitious strategy includes three priorities of ‘Recruit, Retain and Reform’ which means retaining existing talent, making the best use of new technology and the biggest drive on recruitment in health service history.

To support this, MSE has been working towards a system-wide approach to workforce planning that is closely aligned to finance and activity planning so that workforce enduring vacancy information is shared across the system and a joint approach established to work to reduce vacancies and bank and agency utilisation. Workforce stratification is being used to understand workforce hotspots by specialty to support focussed intervention on recruitment. Retention, transformation and staff wellbeing.

Throughout the year, we have also been working in partnership across the system to support the introduction of new roles within each organisation which include Training Nurse Associates, Advanced clinical Practitioners Physician Associate, Enhanced Healthcare Support Worker roles and apprenticeships. We have also launched the Healthcare Support Worker academy launched as a ‘one workforce’ initiative.

As part of our ‘One Workforce’ strategy, we have launched a Healthcare Support Worker Academy to ensure a strong pipeline of Healthcare Support Assistants (HSAs). System-wide, the ‘Our People Your Future’ programme is in place, with its ambition to attract those who will ‘Be the future of health and care in Essex’, providing online courses, apprenticeship guidance, careers advice and job opportunities.

Looking forward to future generations of the workforce, Basildon Hospital is working as the pilot site for ‘Generation Medics in Essex’ is an Anchor Programme that connects the NHS in MSE with the local community to provide more opportunities for young people, reduce their environmental impact and create volunteering opportunities. The Programme brings together partners from across the healthcare system to understand how the Trust can be a real force for good and provide high-quality local employment, support staff in their professional development, and reach out to local partners to help them succeed.

1. **Data, digital and technology**

Work has progress in developing a new demand and capacity model for MSE is to provide a whole system data proof of concept pilot completed to enable organisationally diagnostic decision making and one year programme in place to mobilise.

MSE ICS is on track to implement the Shared Care Record initiative by June 2024. The Shared Care Record will be accessible to all health and care partners across MSE. Work to implement a unified Electronic Patient Record (EPR) across MSE, specifically across the two major NHS Trusts (MSEFT and EPUT) has also progressed in 2023/24. A preferred provider has been identified and planning for implementation, which will start post full business case approval and contract signature has begun. MSEFT and EPUT are also implementing a digital patient interface.  Patient demographics from EPUT have been live since September 2023 and MSEFT are due to be updating demographics by April 2024.

The virtual hospital programme continued to progress during 2023/24 with the equivalent of an Emergency Department: the Urgent Community Response Team (UCRT) and at this stage three virtual wards, one for frailty, one for respiratory patients and one for heart failure, in addition to the acute led Hospital@Home service.  As at February 2024, virtual wards have been at 100% occupancy with the exception of respiratory. Patient and staff surveys have been undertaken to assess ease of use and overcome any challenges faced. Analysis showed that 60% of patients entering the frailty virtual ward with some level of social care input achieved complete independence at discharge from the frailty virtual ward, requiring no package of care. Avoiding admissions to a physical hospital not only alleviates system bed pressures but reduces infection risks on physical hospital wards during a time of high occupancy.

The UCRT operates across MSE, with a single point of access offering a two-hour response time. It supports patients in their own homes (including nursing and residential care comes) for up to 48 hours, with others transferred to the virtual wards where clinically appropriate for up to 14 days.

1. **Financial sustainability**

Throughout 2023/24 MSE has continued to have a system-wide financial sustainability programme in place. Within the ICB this has included:

* A significant restructure during 2023/24, reducing running costs by 30% and is on track to reduce to £17.2m by April 2025.
* Closure of historic clinical commissioning group headquarters estates, except for Phoenix Court which remains as the ICB headquarters.
* Leading a system-wide programme to review options for corporate function consolidation and further collaboration, to offer best value to our population.
* Recruiting a new Health Economist to help us better evaluate the impact and value we gain from services to inform future planning and contracting. They have started working on a review of Talking Therapies service provision, Tier three weight management services and intermediate care provision.
* Initiated an NHS system-wide infrastructure strategy, to be completed in 2024 to help us understand our current estate and broader infrastructure, as well as opportunities for improving use and value across the system.
* Work with our procurement provider, Attain, to update internal processes to ensure the ICB is compliant with the new Provider Selection Regime (PSR).
* Appointing a new Executive Director of System Recovery working across the ICB and MSEFT.

Across the system, we have had confirmation of £110 million of capital, to support MSEFT to increase the number of beds, improve capacity in all three emergency departments, improve cancer and planned care by upgrading and expanding surgical theatres.

1. **Research and innovation**

MSE has strong track record of support innovators and adoption of innovations, both locally and nationally. This is demonstrated through the MSE Innovation Fellowship, which supported 18 innovators within MSE in 2023/24. MSE also has a number of anchor innovation programmes, including:

* Social Spark – a Basildon Healthcare social innovation incubator that is exploring innovative ways to tackle healthcare inequality through social and economic solutions by supporting those in and around the Basildon area with great ideas to improve healthcare.
* Accident and emergency youth project – which is building on an existing model of youth worker presence in Basildon Hospital A&E between 3pm – 8pm, 5 to 7 days a week to provide a safe space for young people to explore their identity, experience decision-making, increase their confidence, develop inter-personal skills and think through the consequences of their actions.
* Essex Pedal Power – which provides free bikes for local NHS staff working at bands 2-4 at Basildon Hospital. The scheme recognises that there are a range of barriers to cycling that go beyond simply having access to a bike. As such, the Essex Pedal Power team will offer free cycle training in a safe environment with trained professionals and support you to maintain your bike. They will also help to create informal cycle groups to create a community of people who all benefit from cycling. Bikes are initially given to recipients as part of a six-month loan. If successful applicants are enjoying having a bike and using it regularly, at the end of the six months they can keep the bike for free. They will also receive a bike helmet, lights, pump, and a D lock free of charge.

Building on their success in supporting the national Clinical Entrepreneur Programme (CEP), in 2023, MSEFT co-developed the NHS CEP InSites Programme as a system capacity-building pilot programme to evaluate innovations supported by NHS England whilst also developing organisational capability and infrastructure in local systems.

During 2023/24, MSE has continued to draw investment in research and innovation, into the system. As part of that, MSE has secured funding from NHS England to develop a Research Engagement Network (REN) which is being developed in partnership with our main hospitals and members of our Community Assembly. The REN aims to help researchers in MSE provide a better service for groups that have traditionally been under represented in research.