

Meeting of the Mid and South Essex Integrated Care Board

Thursday, 21 March 2024 at 2.00 pm – 4.00 pm
Function Room 1, Barleylands, Barleylands Road,
Billericay, Essex, CM11 2UD

Part I Agenda

No	Time	Title	Action	Papers	Lead / Presenter	Page No
Opening Business						
1.	2.00 pm	Welcome, opening remarks and apologies for absence	Note	Verbal	Prof. M Thorne	-
2.	2.01 pm	Register of Interests / Declarations of Interest	Note	Attached	Prof. M Thorne	3
3.	2.02 pm	Questions from the Public	Note	Verbal	Prof. M Thorne	-
4.	2.12 pm	4.1 Approval of Minutes of previous Part I meeting held 18 January 2024	Approve	Attached	Prof. M Thorne	6
		4.2 Matters arising (not on agenda)	Note	Verbal		
		4.3 Review of Action Log	Note	Attached		16
Items for Decision / Non-Standing Items						
5.	2.15 pm	Joint Forward Plan	Approve	To be presented at the meeting	E Hough	-
6.	2.25 pm	Specialised Commissioning – Approval of Delegation	Approve	Attached	Dr M Sweeting	18
7.	2.35 pm	Equality Delivery System Assessment 2023/24	Approve	Attached	Dr G Thorpe	26
8.	2.45 pm	Urgent Emergency Care Performance	Note	Attached	E Hough S Goldberg	73
Standing Items						
9.	2.55 pm	Chief Executive's Report	Note	Attached	T Dowling	96
10.	3.00 pm	Quality Report	Note	Attached	Dr G Thorpe	102
11.	3.10 pm	Finance and Performance Report	Note	Attached	J Kearton	107
12.	3.25 pm	Primary Care and Alliance Report	Note	Attached	P Green D Doherty A Mecan R Jarvis	120
13.	3.35 pm	Expiring Contracts	Support	Attached	J Kearton	137

No	Time	Title	Action	Papers	Lead / Presenter	Page No
14.	3.40 pm	General Governance: 14.1 Board Assurance Framework 14.2 Approved Committee minutes 14.3 Delegation to Audit Committee	Note Note Approve	Attached Attached Attached	T Dowling Prof. M Thorne J Kearton	143 159 246
15.	3.50 pm	Any Other Business	Note	Verbal	Prof. M Thorne	-
16.	4.00 pm	Date and time of next Part I Board meeting: Thursday, 9 May 2024 at 2.00 pm, in Marconi Room, Chelmsford Civic Centre, Duke Street, Chelmsford, CM1 1JE.	Note	Verbal	Prof. M Thorne	-

Register of Board Members' Interests
March 2024

First Name	Surname	Job Title / Current Position	Declared Interest (Name of the organisation and nature of business)	Type of Interest Declared			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Actions taken to mitigate risk
				Financial	Non-Financial Professional	Non-Financial Personal Interest			From	To	
Lisa	Adams	Interim Executive Chief People Officer	Nil								
Anna	Davey	ICB Partner Member (Primary Care)	Coggeshall Surgery Provider of General Medical Services	x			Direct	Partner in Practice	09/01/17	Ongoing	I will not be involved in any discussion, decision making, procurement or financial authorisation involving the Coggeshall Surgery or Edgemoor Medical Services Ltd
Anna	Davey	ICB Partner Member Primary Care)	Colne Valley Primary Care Network	x			Direct	Partner at The Coggeshall Surgery who are part of the Colne Valley Primary Care Network - no formal role within PCN.	01/06/20	Ongoing	I will declare my interest if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented and will not participate
Anna	Davey	ICB Partner Member (Primary Care)	Essex Cares	x			Indirect	Close relative is employed	06/12/21	On-going	I will declare my interest if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Tracy	Dowling	Interim Chief Executive Officer	Health Innovation East - Company limited by guarantee supporting the adoption and spread of innovation in healthcare in the East of England	x	x		Direct	Chair of the Board since April 2022. Non-Executive Director from January 2020 until March 2022.	01/01/20	Ongoing	Mid and South Essex is not in the geography of Health Innovation East - but if a situation arose where there was a conflict I would remove myself from the discussion and decision making.
Tracy	Dowling	Interim Chief Executive Officer	West Suffolk NHS Foundation Trust	x			Direct	Non-Executive Director	01/11/22	Until Interim CEO role commences	Will cease Non-Executive Director role on commencement of Interim CEO role.
Peter	Fairley	ICB Partner Member (Essex County Council)	Director for Strategy, Policy and Integration, at Essex County Council (ECC)	x			Direct	Essex County Council (ECC) holds pooled fund arrangements with NHS across Mid and South Essex. I am the responsible officer at ECC for the Better Care Fund pooled fund. ECC commissions and delivers adults and childrens social care services and public health services. ECC has some arrangements that are jointly commissioned and developed with NHS and local authority organisations in Mid and South Essex. ECC hosts the Essex health and wellbeing board, which co-ordinates and sets the Essex Joint Health and Wellbeing Strategy	01/07/22	Ongoing	Interest declared to MSE ICB and ECC. If in potential conflict take the advice of the Chair/ Monitoring Office and if need be absent one's self from the vote/ discussion.
Peter	Fairley	ICB Partner Member (Essex County Council)	Essex Cares Limited (ECL) ECL is a company 100% owned by Essex County Council. ECL provide care services, including reablement, equipment services (until 30 June 23), sensory services and day services, as well as inclusive employment	x			Direct	Interim CEO	03/04/23	Ongoing	Interest declared to MSE ICB and ECC. Be excluded from discussions/decisions of the ICB that relate to ECL services or where ECL may be a bidder or potential bidder for such services. If in potential conflict take the advice of the Chair/ Monitoring Office and if need be absent one's self from the vote/ discussion.
Joseph	Fielder	Non-Executive ICB Board Member	Four Mountains Limited	x			Direct	Director	01/05/17	Ongoing	No conflict of interest is anticipated but will ensure appropriate arrangements are implemented as necessary.
Joseph	Fielder	Non-Executive ICB Board Member	North East London Foundation Trust	x			Indirect	Personal relationship with Director of Operations for North East London area (Board Member)	01/03/19	Ongoing	As above.
Joseph	Fielder	Non-Executive ICB Board Member	NHS England and Improvement	x			Indirect	Close family member employed as senior strategy manager	Jan 2023	Ongoing	No conflict of interest is anticipated but will ensure appropriate arrangements are implemented as necessary.
Mark	Harvey	ICB Board Partner Member (Southend City Council)	Southend City Council	x			Direct	Employed as Executive Director, Adults and Communities		Ongoing	Interest to be declared, if and when necessary, so that appropriate arrangements can be made to manage any conflict of interest.
Matthew	Hopkins	ICB Board Partner Member (MSE FT)	Mid and South Essex Foundation Trust	x			Direct	Chief Executive	01/08/23	Ongoing	Interest to be declared, if and when necessary, so that appropriate arrangements can be made to manage any conflict of interest.
Neha	Issar-Brown	Non-Executive ICB Board Member	Queen's Theatre Hornchurch (QTH)			x	Direct	QTH often works with local volunteer sector including Healthwatch, social care sector for various community based initiatives, which may or may not stem from or be linked to NHS (more likely BHRUT than MSE).		Ongoing	Info only. No direct action required.
Jennifer	Kearon	Executive Director of Resources	Nil								
Paul	Scott	ICB Partner Member (Essex Partnership University Foundation (Trust)	Essex Partnership University NHS Foundation Trust	x			Direct	Chief Executive Officer	01-Jul-23	Ongoing	I will declare this interest as necessary so that appropriate arrangements can be made if required.
Matthew	Sweeting	Interim Medical Director	Nil								

**Register of Board Members' Interests
March 2024**

First Name	Surname	Job Title / Current Position	Declared Interest (Name of the organisation and nature of business)	Type of Interest Declared			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Actions taken to mitigate risk
				Financial	Non-Financial Professional	Non-Financial Personal Interest			From	To	
Mike	Thorne	ICB Chair	Nil								
Giles	Thorpe	Executive Chief Nurse	Essex Partnership University NHS Foundation Trust	x			Indirect	Husband is the Associate Clinical Director of Psychology - part of the Care Group that includes Specialist Psychological Services, including Children and Adolescent Mental Health Services and Learning Disability Psychological Services which interact with MSE ICB.	01/02/20	Ongoing	Interest will be declared as necessary so that appropriate arrangements can be made if and when required.
Ian	Wake	ICB Partner Member (Thurrock Borough Council)	Thurrock Borough Council	x			Direct	Employed as Corporate Director of Adults, Housing and Health.	01/03/21	Ongoing	Interest noted on ICB Board register of interests presented to each meeting. Interest to be highlighted where necessary in accordance with Conflicts of Interest Policy so that appropriate arrangements can be implemented.
Ian	Wake	ICB Partner Member (Thurrock Borough Council)	Thurrock Joint Health and Wellbeing Board		x		Direct	Voting member	01/06/15	Ongoing	Interest noted on ICB Board register of interests presented to each meeting. Interest to be highlighted where necessary in accordance with Conflicts of Interest Policy so that appropriate arrangements can be implemented.
Ian	Wake	ICB Partner Member (Thurrock Borough Council)	Dartmouth Residential Ltd	x			Direct	99% Shareholder and in receipt of income.	01/10/15	Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
George	Wood	Non-Executive ICB Board Member	Princess Alexandra Hospital	x			Direct	Senior Independent Director, Chair of Audit Committee, Member of Board, Remuneration Committee and Finance & Performance Committee	01/07/19	Ongoing	Clear separation of responsibilities and conflicts.

Mid and South Essex ICB - Register of Interests
March 2024

First Name	Surname	Job Title / Current Position	Declared Interest (Name of the organisation and nature of business)	Type of Interest Declared			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Actions taken to mitigate risk
				Financial	Non-Financial Professional	Non-Financial Personal			From	To	
Mark	Bailham	Associate Non-Executive Member	Enterprise Investment Schemes in non-listed companies in tech world, including medical devices/initiatives	x			Direct	Shareholder - non-voting interest	01/07/20	Ongoing	Will declare interest during relevant meetings or any involvement with a procurement process/contract award.
Mark	Bailham	Associate Non-Executive Member	Mid and South Essex Fountaun Trust	x			Direct	Council of Governors - Appointed Member	01/10/23	Ongoing	Will declare interest during relevant meetings or any involvement with a procurement process/contract award.
Stephanie	Dawe	MSE ICB Partner Member (Chief Executive - Provide)	Provide	x			Direct	Chief Executive	01/05/22	Ongoing	Any interests to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	MSE ICB Partner Member (Chief Executive - Provide)	Provide Group Ltd	x			Direct	Director	01/06/21	Ongoing	Any interest to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	MSE ICB Partner Member (Chief Executive - Provide)	Provide Wellbeing Ltd	x			Direct	Director	01/03/22	Ongoing	Any interest to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	MSE ICB Partner Member (Chief Executive - Provide)	Provide Care Solutions Ltd	x			Direct	Director	01/04/23	Ongoing	Any interest to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	MSE ICB Partner Member (Chief Executive - Provide)	React Homecare Ltd	x			Direct	Director	01/05/22	Ongoing	Any interest to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	MSE ICB Partner Member (Chief Executive - Provide)	MSE Community Collaborative	x			Direct	Member	01/09/20	Ongoing	Any interest to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Daniel	Doherty	Alliance Director (Mid Essex)	North East London Foundation Trust	x			Indirect	Spouse is a Community Physiotherapist at North East London Foundation Trust		Ongoing	There is a potential that this organisation could bid for work with the CCG, at which point I would declare my interest so that appropriate arrangements can be implemented
Daniel	Doherty	Primary Care ICB Partnership Board Member	Active Essex		x		Direct	Board member	25/03/21	Ongoing	Agreed with Line Manager that it is unlikely that this interest is relevant to my current position, but I will declare my interest where relevant so that appropriate action can be taken.
Barry	Frostick	Chief Digital and Information Officer	Nil								
Pamela	Green	Alliance Director, Basildon and Brentwood	Kirby Le Soken School, Tendring, Essex.			x	Direct	School Governor (voluntary arrangement).	September 2019	Ongoing	No action required as a conflict of interest is unlikely to occur.
Claire	Hankey	Director of Communications and Engagement	Legra Academy Trust		x		Indirect	Trustee of Academy Board	Jul-17	Ongoing	I will declare my interest if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Emily	Hough	Executive Director of Strategy & Corporate Services	Brown University		x		Direct	Holds an affiliate position as a Senior Research Associate	01/09/23	Ongoing	No immediate action required.
Rebecca	Jarvis	Alliance Director (South East Essex)	Nil								
Aleksandra	Mecan	Alliance Director (Thurrock)	Director of own Limited Company - Mecando Limited	x			Direct	Potential Financial/Director of own Limited Company Mecando Ltd	2016	Ongoing	Company ceased activity due to Covid-19 pandemic currently dormant; if any changes occur those will be discussed with my Line Manager
Aleksandra	Mecan	Alliance Director (Thurrock)	Director of own Limited Company Matthew Edwards Consulting and Negotiations Ltd	x			Direct	Potential Financial/Director of own Limited Company Matthew Edwards Consulting and Negotiations Ltd	2021	Ongoing	Company currently dormant; if any changes occur those will be discussed with my Line Manager
Neill	Moloney	Executive Director of System Recovery	Suffolk and North East Essex Integrated Care Board (SNEE ICB)			x	Indirect	Wife is Deputy Director of Strategic Change	Jul-22	Ongoing	Will exclude himself from any discussions regarding SNEE ICB that could benefit his wife.
Geoffrey	Ocen	Associate Non-Executive Member	The Bridge Renewal Trust; a health and wellbeing charity in North London		x		Direct	Employment	2013	Ongoing	The charity operates outside the ICB area. Interest to be recorded on the register of interest and declared, if and when necessary.
Shahina	Pardhan	ICB Associate Non Executive Member	Anglia Ruskin University, Cambridge	x			Direct	Professor and Director of the Vision and Eye Research Institute (Research and improvements in ophthalmology pathways and reducing eye related health inequality)	31/03/23	Ongoing	Interest will be declared as necessary so that appropriate arrangements can be made if and when required.

Minutes of the Part I ICB Board Meeting

Held on 18 January 2024 at 2.00 pm – 3.30 pm

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

Attendance

Members

- Professor Michael Thorne (MT), Chair of Mid and South Essex Integrated Care Board (MSE ICB).
- Tracy Dowling (TD), Interim Chief Executive of MSE ICB.
- Dr Matt Sweeting (MS), Interim System Medical Director, MSE ICB.
- Dr Giles Thorpe (GT), Executive Chief Nursing Officer, MSE ICB.
- Lisa Adams (LA), Interim Chief People Officer, MSE ICB.
- Jennifer Kearton (JK), Chief Finance Officer, MSE ICB.
- Joe Fielder (JF), Non-Executive Member.
- George Wood (GW), Non-Executive Member.
- Dr Neha Issar-Brown, (NIB), Non-Executive Member.
- Dr Anna Davey (AD), Partner Member, Primary Care Services.
- Matthew Hopkins (MHop), Partner Member, Mid and South Essex NHS Foundation Trust (MSEFT).
- Paul Scott (PS), Partner Member, Essex Partnership University NHS Foundation Trust (EPUT).

Other attendees

- Geoffrey Ocen (GO), Associate Non-Executive Member.
- Mark Bailham (MB), Associate Non-Executive Member.
- Professor Shahina Pardhan (SP), Associate Non-Executive Member.
- Dan Doherty (DD), Alliance Director (Mid and South Essex), MSE ICB.
- Pam Green (PG), Alliance Director (Basildon & Brentwood), MSE ICB.
- Aleksandra Mecan (AM), Alliance Director (Thurrock), MSE ICB.
- Emma Richardson (ER), Director of Commissioning, Southend City Council, representing Mark Harvey, Partner Member, Southend City Council.
- Simon Griffiths (SG), Director of Adult Social Care, Essex County Council, representing Peter Fairley, Partner Member, Essex County Council.
- Stephanie Dawe (SD), Chief Executive Officer, Provide Health.
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB.
- Claire Hankey (CH), Director of Communications and Engagement, MSE ICB.
- Emily Hough (EH), Executive Director of Strategy and Corporate Services, MSE ICB.
- Nicola Adams (NA), Deputy Director of Governance and Risk, MSE ICB.
- Helen Chasney (HC), Governance Officer, MSE ICB (minutes).

Apologies

- Peter Fairley (PF), Partner Member, Essex County Council.
- Mark Harvey (MHar), Partner Member, Southend City Council.
- Ian Wake (IW), Partner Member, Thurrock Council.

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

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

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

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

Declarations made by the Integrated Care Board (ICB) Board and committee members were listed in the Register of Interests available on the ICB website.

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

MT advised that several questions had been submitted by members of the public, as set out below, which would be answered during the meeting.

- **Mr Peter Blackman** queried the measures taken by the communications team to publicise the change of the time of the meeting from 3.00 pm - 4.30 pm to 2.00 pm – 3.30 pm. CH apologised for any inconvenience caused by the change of time and confirmed the ICB website had been updated with the time change and the media release also included the revised time. It was confirmed that this would be the new time slot for future meetings of the Board held in public.
- **Councillor Emma Stephens** raised concerns regarding patients living between Maldon and Colchester and difficulties experienced getting referrals into Colchester Hospital, which was more convenient than Broomfield or Basildon Hospitals. MS advised that the ICB supported and encouraged patient choice and there should be no reason why a patient could not be referred to Colchester Hospital if that was their preference. The ICB would be happy to discuss specific issues further to understand patient issues with this process.
- **Councillor Paula Spenceley** queried the level of consideration given by the ICB to the effect on the residents of Maldon district regarding the loss of all community hospital beds in that area, especially given the lack of public transport. Councillor Spenceley also queried if these proposals were better for the rest of the mid and south Essex (MSE) population, with the district's residents seen as an acceptable if unpalatable sacrifice for better provision elsewhere, in areas already better served than Maldon. EH explained that the ICB had set out its case for the future configuration of community inpatient beds as part of the pre-consultation business case that would be discussed later in this meeting. If the Board supported the decision to go to public consultation, all people living and working in MSE, including Maldon, and all ICB partners would be invited to share their views on the options presented in the business case.

4. Minutes of the ICB Board Meeting held 16 November 2023 and matters arising (presented by Prof. M Thorne).

MT referred to the draft minutes of the ICB Board meeting held on 16 November 2023 and asked members if they had any comments or questions. No comments were submitted and there were no matters arising.

Resolved: The Board approved the minutes of the ICB Board meeting held on 16 November 2023 as an accurate record.

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

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

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

6. Community Beds Pre-Consultation Business Case (presented by E Hough)

EH summarised that the ICB had established a multi-agency Community Capacity Task Force which looked at current and future models of demands on community beds and additional services, including the midwife-led birthing unit in the system, and a review of the urgent changes made during the pandemic. Several proposed options had been drafted and were set out in the pre-consultation business case (PCBC), as below:

- Two options for the reconfiguration of Intermediate Care (IMC) and Stroke rehabilitation beds in community hospitals.
- Relocation of the freestanding midwife-led birthing unit for MSE at the William Julien Courtauld (WJC) Unit at St Michaels Health Centre, adjacent to the Braintree Community Hospital.
- Relocation of the ambulatory services currently provided at St Peter's Hospital in Maldon.

The proposals set out in the PCBC met the 5 tests set out by NHS England (NHSE) regarding public engagement, patient choice, clinical evidence, commissioner support and bed numbers.

The consultation would run for 8 weeks from 25 January 2024 to 21 March 2024. Public views would be sought through several mechanisms, including surveys, face to face and online discussions, a consultation hearing and engagement from a wide range of partners.

MS provided assurance that there had been detailed medical engagement at system and regional level.

TD noted that St Peter's Hospital had served its community well over the years but was no longer fit for delivery of modern healthcare services. The decision to temporarily relocate services was due to overwhelming safety concerns and inability to deliver quality clinical services. Although capital funding was not available to repurpose or rebuild on the site, the ICB was committed to maintaining provision of a high volume of other services in Maldon and welcomed people's views, via the consultation, on future service provision.

GO welcomed the comprehensive consultation plan and asked how awareness of the

consultation would be raised to ensure fair representation. CH advised that a diverse and inclusive point of view was extremely important, so would be working with the local voluntary, community, and social enterprise sector to host engagement sessions in addition to the face-to-face sessions already being held.

Resolved: The Board approved the decision to undertake a single public consultation, subject to NHS England's assurance, to seek views on:

- The options for reconfiguration of intermediate care and stroke rehabilitation services in community hospitals.
- The proposal to locate the freestanding midwife-led birthing unit at the William Julien Courtauld (WJC) Unit at St Michael's Health Centre, adjacent to the Braintree Community Hospital.
- The proposal to relocate ambulatory services provided at St Peter's House, Maldon.

7. Rapid Reset and Recommit Update (presented by J Kearton)

JK advised that the ICB went through a Rapid Reset and Recommit process in November 2023, which was nationally driven in response to a request to recommit to an agreed financial position at the end of the 2023/24 and the performance metrics that were delivered as part of NHS constitutional standards. MSE went through the process along with its system control total partners Mid and South Essex NHS Foundation Trust (MSEFT) and Essex Partnership University NHS Foundation Trust (EPUT). The opportunities for flexibilities were explored and the outcome paper was brought to Board in November 2023 and submitted to the national team in December 2023. Assurance meetings were held with the national team and the forecast out-turn position was adjusted to £57 million deficit at month 9. Actions were being worked through to ensure commitment was met and plans for 2024/25 were robust for delivery.

MT provided the background to this requirement and advised that the system was not within budget as expected, so meetings were held with the national team to provide assurance of the work being undertaken to operate within the revised budget.

Resolved: The Board noted the update on the [finance] Rapid Reset and Recommit.

8. Chief Executives Report (presented by T Dowling)

TD thanked everyone for the warm welcome she had received since joining the ICB and had been impressed by people's dedication and commitment to supporting the population and their varying needs, including the local stewardship programmes involving primary and secondary care interfaces.

The challenge would be how to continue to meet the needs of the population within allocated resources. Within the context of the Integrated Care Strategy and the Joint Forward Plan, the services being delivered would need to be transformed. The maturity of the ICB would steer the system and ensure delivery of a coordinated and evidence-based plan to deliver on the performance metrics collectively and working in partnership, within the resources available.

MT thanked TD on behalf of the Board and advised that colleagues had welcomed TD's approach since joining.

Resolved: The Board noted the Chief Executives Report and supported the priorities set out in the report.

9. Quality Report (presented by Dr G Thorpe)

GT presented the quality report to provide the Board with assurance on the key quality and patient safety issues, risks, escalations, and actions. GT highlighted the following key issues from his report:

As part of Quality Committee escalations, a presentation was provided by EPUT on the development of the Eating Disorder Service, including the development of the East of England Adult Eating Disorder Provider Collaborative and the Medical Emergencies in Eating Disorders guidance which supported multi-disciplinary team working. Assurance was given that training was being provided to healthcare professionals and included the recognition of eating disorders in the LGBTQIA+ and ethnic minority groups to address potential health inequalities.

Providing assurances regarding emerging safety concerns, an update was received from the National Children's and Young People's Board on the Paediatric Early Warning Score, which MSEFT had fully engaged with. Recognition was provided for marginalisation of children and young people (CYP) with epilepsy in the CORE20PLUS5 Framework, and assurance would continue to be sought that appropriate specialist support would be provided to CYP with epilepsy in MSE.

Following several quality concerns escalated from the System Oversight and Assurance Committee relating to aseptic drug preparation capacity, capacity in restorative dental surgery, diagnostic waiting list backlog, the Quality Committee were given assurance as to how the concerns were being addressed.

The safeguarding quarterly report to the Quality Committee noted the conclusion of the national consultation on working together to safeguard children and good engagement had been received from local authorities. Work was ongoing with police colleagues in relation to the Right Care, Right Person initiative where police would respond to appropriate cases within the systems population.

Finally, GT noted an update was received from the Transforming Care Partnership which evidenced the work undertaken to ensure that people not previously known to the team were being supported. The continual challenge with the increase of CYP with Learning Disabilities and Autism (LD&A) who remained in mental health inpatient beds was recognised. GT invited questions from Board members.

NIB acknowledged that the report celebrated successes and good practice and close relationships with other partner organisations and communities and was satisfied with the assurances received at the Quality Committee.

Following a question from GW MS advised that the Transforming Care Partnership was a pan-Essex approach which supported Adults and CYP with LD&A. Much of the increase in activity could be due to late presentation and diagnosis, which highlighted a need for increased capacity for early diagnostics and was a system and national priority as well as an area of focus for the ICB Quality Committee.

JF sought assurances that increased activity in children requiring mental health services was being appropriately managed and that the Quality Committee were sighted on any issues that could arise. GT and NIB confirmed that the Autism Outreach Service had been

commissioned to help with signposting, pre and post diagnostic services and pro-active approaches to manage demand, and that the Quality Committee were sighted on the triangulation and overlapping of disorders such as LD&A and Eating Disorders. The Committee were therefore assured that positive work was being undertaken in the community so that people were more confident to seek advice and guidance.

GO asked if the organisation and providers were aligned in avoiding escalation to the police and if service users were aware of the Right Care, Right Person (RCRP) initiative. PS advised that working in partnership with the police had led to a better understanding of mental health conditions and resulted in a reduction of 136 detentions. GT explained that RCRP was a national agenda and service users were involved in its preparation. It was noted that the service was aimed at adults only but from a LD&A perspective a 'young person' was up to age 25. Conversations had been held with the police in terms of recognition, so that consideration would be given to the individual concerned.

Resolved: The Board noted the Quality Report.

10. Finance and Performance Report (presented by J Kearton)

JK advised that the ICB had received the month 8 report and the month 9 figures would be available at the end of the month which would show a shift in the forecast outturn due to the rapid reset and recommit exercise. It was noted that the month 8 year to date (YTD) figure was beyond the expected position.

The ICB financial position remained on track to deliver the planned surplus which contributed to offsetting the pressures elsewhere in the system. The ICB faced three key areas of significant pressure; acute services where there had been growth within the independent sector and the exercise of choice and was expected to continue into next year; Continuing Healthcare (CHC) services which was being closely reviewed by the Finance and Investment Committee (FIC); and the upward national trend in prescribing in terms of the net ingredient cost. Early indications had shown that this was now levelling off but was anticipated that prices would remain high.

The system position at month 8 was a year-to-date (YTD) deficit of £60 million, which exceeded the planned £40 million deficit and would be reforecast to a £57 million deficit. Work was ongoing on the underlying position for this financial year and the immediate actions required to support the financial sustainability of the system in 2024/25.

MT asked if FIC felt that the whole system had a focus on this issue. JF reported that FIC had raised concern that the run rate inflection point had not been confirmed, but was however, encouraged by the focus.

JF advised that the maturity of the Project Management Office and the efficiencies programme was key and the whole system was engaged in pulling information together and identifying any actions required. The inflection point was specifically regarding the efficiency savings and not being able to fully understand when they would be realised.

TD advised that a searching deep recovery plan was required in terms of safety and quality as well as finance and supporting the workforce, to ensure that standards expected would be delivered safely within the resources available. Learning could be shared from local authority partners in the system to align the resource to meet the needs of the population. There was a strong sense of collective commitment and tough choices would need to be made to reduce

spending, so prioritisation based on need and effectiveness was required.

MH advised that 14 months of industrial action had impacted on the acute sector nationally, both financially and in terms of performance. If further industrial action was scheduled it would likely affect MSEFT's ability to reduce waiting lists and impact on the financial position.

JK advised that the performance report provided the ICB position in relation to the constitutional standards which were monitored through a framework of governance arrangements and reported to the System Oversight and Assurance Committee (SOAC). The standards for ambulance, accident emergencies and elective targets were not achieving expected levels, and actions were in place to support recovery. Improvements had been made in some areas over the last 3 months. The mental health standards trajectory continued to be delivered.

TD suggested that the report should contain information on how the system compared with others in the region and the plans for reaching the trajectory, noting that NHSE regional colleagues had confirmed MSE was the best performing system for diagnostic waits. The standards for ambulance waiting times and cancer diagnostic 62 days standard required prioritisation. There was an initial concern with Urgent and Emergency Care performance when industrial action was announced during December and January, but TD had been impressed with how the system had pulled together to keep people safe. MSEFT had provided a consistent response to ensure flow, however, industrial action had resulted in a reduction in elective activity.

MT advised that the position reported had improved when compared to last year and thanked everyone, including the ambulance service which had undergone several changes.

Resolved: The Board noted the Performance and Assurance report.

11. Primary Care Report (presented by P Green)

PG presented the Primary Care report providing assurance on the development Primary Care Services across mid and south Essex (including Pharmacy, Optometry and Dentistry).

PG noted that work was ongoing on the dental activity in the area to level up the health inequalities regarding dentistry. Increased access to Primary Care was demonstrated when attending the Essex Health and Overview Scrutiny Committee despite experiencing continued high levels of demand. The change of telephony system was intended to support greater access.

The Primary Care Collaborative (a national initiative) was focused on bringing all 600 providers together in a closer working arrangement so that they were more represented in conversations regarding financial recovery and sustainability of practices and the system and bringing together the diversity of voices across the primary care workforce.

AD advised that across MSE the employment of additional roles in Primary Care were being maximised. Patients were more likely to be seen by a clinical pharmacist, community paramedic or GP assistant rather than a doctor or nurse (according to clinical need), so continued engagement with patients was required on the workforce changes to ensure understanding of the new processes. Continuity of care continued to be a concern to balance the additional workforce and additional appointments with service need. The increase in the number of GP trainees was welcomed and brought the ability to craft a workforce for the population and retain newly qualified general practitioners (GPs). MB asked for the rationale

as to why the staff in post numbers were above plan and if the number of population to headcount was proportionate. PG explained that there were peaks and troughs, with better recruitment into the Additional Roles Recruitment Scheme (ARRS), as the role enabled people to work at the top of their licence, with further access to training and development. The stage to drop into professions with access had not yet been reached and the ambition would be for GPs to be the senior support to a bigger team to drive efficiency, which would also support retention.

TD asked for the trajectory for an increase in the number of Integrated Neighbourhood Teams (INTs) across MSE so that an impact assessment could be made. The impact of reduced referrals into secondary care should be evidenced so that capacity would only be used for those requiring secondary care treatment. Data could also be utilised to identify people seeing different health professionals in the community, but then still ending up in secondary care, as this would cause a delay in treatment for patients and was not a good use of resources. PG advised that early intervention would reduce spend. A trajectory on INT delivery would be reported at the next Board meeting as part of the Primary Care Report.

Following a question from SP, PG advised that the Care Quality Commission (CQC) had oversight of the incident reporting and complaints for primary care and the ARRS and was included in the assessment of each practice. There was clinical accountability through the Primary Care Networks (PCNs), defined by PCN agreements. All other providers had the CQC registration, however, optometry was a new area to the commissioner and had a backlog of complaints.

GT explained that there was a dedicated quality team who used a CQC registration heatmap and concerns had been raised by the public in relation to general practice delivery. Capacity was being increased to focus on Pharmacy, Optometry and Dentistry (POD) so any warning signs could be addressed. A report would be drafted for the next Board meeting on issues identified for POD.

GW suggested a report to compare performance on same day appointments, Accident & Emergency (A&E) attendances, with the rationale as to why people were not seeing their GP. PG advised that the biggest indicator to correlate GP attendances with A&E attendances was possibly their proximity to the Emergency Department.

In response to a query from MT, PG confirmed that the 50 practices had signed up to the new telephony system but had not yet been installed, awaiting scheduling with the national supplier.

JF noted that the number of pharmacies had reduced in the last year and requested a report on the robustness of pharmacies in the MSE community at the next Board meeting.

MT recognised the good work of the fellowship scheme that had transformed the GP service in Thurrock. AM confirmed that there were 6 schemes in the area and there was focus on oral health programmes for children's dentistry.

Resolved: The Board noted the Primary Care Report.

Action: PG to include an update to the Board on a trajectory for increasing the number of INTs, a comparison of performance on same day appointments with accident and emergency attendances, with the rationale why patients were not seeing their GP, a projected timeframe for Practices utilising the cloud telephony system and a report on the robustness of pharmacies in the MSE community for the next Board meeting.

Action: GT to provide a report on any issues that have been identified on Pharmacy, Optometry and Dentistry.

12. General Governance (presented by Prof. M Thorne)

12.1 Updated Governance Documents and Committee Terms of Reference

MT advised that changes had been made to several governance documents and committee terms of reference, which had been through the relevant committees and invited comments from the Board.

NA highlighted that the figure in the financial thresholds table for the Board should read £2.5 million and not £250,000. JK advised that the table would be amended, however due to the change in the forecast outturn, the system would be subject to triple lock, which required the region to be involved in any stop/go decisions on expenditure.

Resolved: The Board:

- **Subject to the amendment above, approved the revised Scheme of Reservation and Delegation (which included establishing the People Board as a formal sub-committee of the Board).**
- **Approved the establishment of and terms of reference for the Provider Selection Regime (PSR) review Group as a subcommittee of the Finance and Investment Committee.**
- **Supported the principle of collaborative working under a Memorandum of Understanding (MoU) with the East of England ICBs to provide independent members for the PSR Review Group.**
- **Approved the establishment of and terms of reference for the Executive Team Committee as a formal sub-committee of the ICB Board.**
- **Approved the revised Terms of reference for the Finance and Investment Committee.**
- **Approved the revised Procurement and Contracting Policy**
- **Approved the revised Standing Financial Instructions.**

12.2 Adoption of new policies

MT advised that the Provider Accreditation Policy and Commissioning Policy (Service Restriction) had been through the appropriate governance processes and invited further questions from the Board. No questions were raised.

Resolved: The Board approved the Provider Accreditation Policy and Commissioning Policy (Service Restriction).

12.3 Board Assurance Framework

TD outlined the Board Assurance Framework (BAF) paper which presented the key risks to the ICB and included the assurances and RAG (Red, Green, Amber) ratings.

TD suggested a review on how the risk assurances and ratings have changed over the year and that consideration should be given to linking report papers to the Board Assurance Framework. A discussion should be held at the end of each meeting as to whether any risks

had been identified that should be included in the BAF. The risk regarding Cyber Security should be revisited.

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

Action: NA to revisit the Cyber Security Risk.

12.4 Approved Committee Minutes.

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

- Finance and Investment Committee (FIC), 25 October and 22 November 2023.
- Primary Care Commissioning Committee (PCCC), 1 November 2023.
- Quality Committee (QC), 27 October 2023.
- System Oversight and Assurance Committee (SOAC), 11 October, 8 November, and 13 December 2023.
- Clinical and Multi-professional Congress (CliMPC), 31 August 2023.

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

12.5 Decisions Between Meetings

MT advised that the Board were required to ratify decisions taken since the last Board meeting held on 16 November 2023.

Resolved: The Board ratified the decision taken to update the Heavy Menstrual Bleeding Service Restriction Policy to include the choice of myomectomy for fibroids where a women wished to preserve her fertility, subject to shared decision-making between the women and her specialists.

13. Any Other Business

There were no items of any of business raised.

MT thanked the members of the public for attending.

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

Thursday, 21 March 2024 at 2.00 pm, in Function Room 1, Barleylands, Barleylands Road, Billericay, CM11 2UD.

Action No.	Meeting Date	Agenda Item No.	Agenda Item Title and Action Required	Lead	Deadline for completion	Update / Outcome	Status
32	28/09/2023	8	<u>Transfer of Care Hubs (TOCH) Development</u> Provide a report tracking performance measures before and after the development of the TOCHs.	P Green	21/03/2024	Please refer to the Primary Care/Alliance Report on the P1 agenda. Action to be closed.	Complete
34	28/09/2023	9	<u>Letby Report</u> Work with system partners to reinforce the FTSU message on screensavers on laptops.	B Frostick	18/01/2024	14/03/2024: Further to the update provided at the ICB Board meeting on 18 January 2024, given the current financial constraints the ICB will not be pursuing the purchase of screen saver capabilities. Action to be closed.	Complete
38	16/11/2023	9	<u>Health Inequalities</u> Add Health Inequalities interim evaluation report to the Board agenda for March 2024.	S O'Connor	18/01/2023	This item has been deferred until May Board meeting.	In progress
39	16/11/2023	12	<u>Quality Report</u> Provide an update report at a future meeting on the cultural perinatal groups that had been set up.	P Green	18/01/2023	14/03/2024: Deferred to May Board meeting. 18/01/24: Provisoinally scheduled for March Board primary care update.	In progress

Action No.	Meeting Date	Agenda Item No.	Agenda Item Title and Action Required	Lead	Deadline for completion	Update / Outcome	Status
43	18/01/2024	11	Primary Care Report: Include an update to the Board on a trajectory for increasing the number of INTs, a comparison of performance on same day appointments with accident and emergency attendances, with the rationale why patients were not seeing their GP, a projected timeframe for Practices utilising the cloud telephony system and a report on the robustness of pharmacies in the MSE community for the next Board meeting.	P Green	14/03/2023	Please refer to the Primary Care and Alliance Report.	Complete
44	18/01/2024	11	Primary Care Report: Provide a report on any quality/safety issues that have been identified on Pharmacy, Optometry and Dentistry.	Dr G Thorpe	30/04/2024	Report to May Board will include this information.	In progress
45	18/01/2024	12.3	Board Assurance Framework: revisit the Cyber Security Risk to decide whether to include in future iteration of Board Assurance Framework.	N Adams	30/04/2024	A full review of the ICB's risk registers and BAF is underway in preparation for implementation of RLDatix DCiQ. The cyber security risk will be considered as part of this review.	In progress

ICB Part I Board Meeting, 21 March 2024

Agenda Number: 6

Specialised Commissioning – Approval of Delegation

Summary Report

1. Purpose of Report

The purpose of the paper is to approve a recommendation from the ICB Finance and Investment Committee (FIC) to the ICB Board to approve the governance documentation required to enable delegation of specialised services from NHS England to the Mid and South Essex Integrated Care Board (MSE ICB). Furthermore, to establish collaboration arrangements with the East of England ICBs and with Bedfordshire, Luton and Milton Keynes (BLMK) ICB as the host of the specialised commissioning team.

2. Executive Lead

Matt Sweeting, Interim Executive Medical Director

3. Report Authors

Catherine O'Connell, Programme Director, BLMK
Geoff Stokes, Programme Governance Lead, BLMK
Gerdalize Du Toit, Director of Community, MSE ICB
Nicola Adams Associate Director of Corporate Services, MSE ICB.

4. Responsible Committees

The ICB Board retains authority for the approval of arrangements to received delegated specialised commissioning from NHS England.

The Audit Committee, as the committee charged with overseeing governance shall provide the Board with assurance that the arrangements are appropriate and robust.

The Finance & Investment Committee will oversee the financial and risk share arrangements relating to specialised commissioning.

The Executive Committee will have oversight of operational arrangements for the discharge of ICB responsibilities in relation to specialised commissioning, and have reviewed and support the governance documentation presented.

5. Link to the ICB's Strategic Objectives

To discharge statutory functions for commissioning certain services as set out by NHS England.

6. Impact Assessments

The paper proposes a change to governance arrangements for the commissioning of specialised services. There are no changes to the services themselves and therefore no impact assessment is required at this stage.

7. Financial Implications

There is no impact on the finances of the ICB as allocations will be delegated to the ICB as set out in the finance pack.

<u>COMMISSIONER</u>	2023/24 Recurrent Baseline £	2024/25 Draft Allocation £
NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES ICB	191,209,947	197,583,104
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB	202,552,750	206,401,253
NHS HERTFORDSHIRE AND WEST ESSEX ICB	312,060,868	321,990,456
NHS MID AND SOUTH ESSEX ICB	232,657,340	239,976,195
NHS NORFOLK AND WAVENEY ICB	190,732,247	196,664,042
NHS SUFFOLK AND NORTH EAST ESSEX ICB	191,456,657	197,395,126
	1,320,669,809	1,360,010,176

8. Details of patient or public engagement or consultation

Not required.

9. Conflicts of Interest

None identified.

10. Recommendation/s

The Finance and Investment Committee has recommended that the Board should:

- **Agree** that the ICB will be bound by decisions taken collectively with the other ICBs in the East of England in line with the Collaboration Agreement, relating to delegated specialised services.
- **Approve** the delegation of 59 specialised services and **authorise** the ICB Chief Executive to sign the Delegation Agreement between the ICB and NHS England.
- **Approve** the Collaboration Agreement between the ICBs in the East of England and NHS England to manage the commissioning of the specialised services in a joint endeavour.
- **Note** the governance arrangements and the terms of reference of the Joint Commissioning Consortium.

Specialised Commissioning

1. Introduction

From 1 April 2024, the responsibility for commissioning 59 specialised services will be delegated from NHS England to the six ICBs in the East of England. The six ICBs will collaborate to commission these services, with NHS Bedfordshire, Luton and Milton Keynes (BLMK) ICB acting as host ICB.

In order to fulfil the requirement for delegation to take place, a Delegation Agreement between the ICB and NHS England, and a Collaboration Agreement between the six ICBs and NHS England need to be signed and submitted to NHS England by 31 March 2024.

This paper seeks approval from the Board for both documents to be signed.

2. Main content of Report

Background

NHS England has an ambition to integrate specialised services with integrated care systems and since 1 April 2023 there has been a joint committee in each of the nine regions to oversee those services including members from the ICBs and the NHSE regional office.

From 1 April 2024, 59 services are due to be delegated to the ICBs in the East of England (and also to the ICBs in the Midlands and North West). A further tranche of services is due to be delegated on 1 April 2025, which will also include the rest of England.

A Safe Delegation Checklist, produced by NHS England, has been used to test the readiness for delegation and demonstrates that there are no significant 'red flags' indicating that delegation should not proceed.

On 7 December 2023, the Board of NHS England approved templates to be used in the delegation. These include a Delegation Agreement and a Collaboration Agreement, which set out how the six ICBs will work together to commission services, in conjunction with the SCT.

The Delegation Agreement template has only a few areas that can be amended, whereas the Collaboration Agreement can be amended to suit the purposes of the ICBs. The Collaboration Agreement also includes as Schedule 6, the commissioning team arrangements which has been adapted from a stand-alone template also approved by the NHS England Board.

Work has been underway since the production of the templates to edit them to ensure they are fit for purpose and to socialise amongst key ICB officers. Much of the detailed content has been developed by the specialised commissioning leads, directors of finance and governance leads from the ICBs and NHS England. This has included drafts being circulated and amended based on feedback received.

Delegation Agreement

The Delegation Agreement is the formal basis on which responsibility for the commissioning of specialised services will be delegated from NHS England to the ICB. As a result, only the particulars and Schedule 8 have areas that can be amended. The Delegation Agreement makes clear that accountability for fulfilling the statutory duties in respect of the commissioning of delegated specialised services remains with NHS England. It is the responsibility for delivery of the functions that is being delegated to the ICB.

There are a few of areas where further guidance is being provided by NHS England, especially related to the annual planning guidance, which has yet to be published. An update will be provided at the meeting, where possible.

Schedule 8 makes extensive reference to the Collaboration Agreement where more details are provided.

Collaboration Agreement

The ICBs in the East of England have agreed a 'joint endeavour' to collectively manage the commissioning of the delegated specialised services in conjunction with the NHSE regional office.

The Collaboration Agreement is the document that sets out how the commissioning of specialised services will be carried out in the East of England. Whilst the template agreed by NHS England was intended only to relate to the ICBs, with a separate Commissioning Teams Agreement, it was felt to be more straightforward to have one document that includes commissioning team arrangements as a schedule. This also reflects the on-going partnership between NHS England, East of England Region and the ICBs in relation to non-delegated services.

Consequently, NHS England, East of England Region is also a signatory to the Collaboration Agreement, although not all the clauses will apply. To make this clear, clauses relating to the ICBs only are identified separately from those relating to the 'Partners', i.e. including NHS England.

Although there is no fixed term in the Collaboration Agreement, a review will take place after six months as it is expected that it will be replaced for 1 April 2025 when further services will be delegated and the NHSE staff will be TUPE (Transfer of Undertakings and Protection of Employment Regulations) transferred to BLMK.

Financial Arrangements and Risk Sharing

The allocation to cover the cost of specialised services being delegated, including any uplift added in the 2024/25 planning round, will be allocated to the ICB in order to pay providers for the specialised services delegated.

The directors of finance of the six ICBs have agreed not to create a pool from which to pay providers. Instead, ICBs will retain their allocation within their own ledger, which will be debited every month to pay the ICB's share of costs to providers.

For this ICB, the draft allocation for specialised services is £240m in 2024/25 (£1,360m for the East of England in total). The finance pack that has been made available to Board members shows the breakdown of those costs by ICB and provider.

It has also been agreed that each ICB will reserve 1% of its allocation as a variable risk reserve to cover any in-year adjustments that may be needed by the ICB and between the ICBs. This amount is expected to be sufficient to cover any anticipated variation and any unused reserve will be retained by the ICB. A further 0.5% of resources has been agreed to be held by ICBs to support developments and transformations that occur during the year. The application of this resource will be determined by collective agreement and any unused resources will be retained by the ICB.

There is no additional capital allocation in relation to specialised services. Any capital bids will have to be discussed and negotiated with the regional office and the other ICBs in the East of England.

Dispute Resolution

The nature of the arrangement is one of collaboration and therefore each ICB is committed to working together to resolve any issues that arise. That said, there are mechanisms in both the Delegation Agreement and the Collaboration Agreement that outline the route to be followed should any disputes arise.

Governance Arrangements

As referenced in 2.1, a joint committee (the Specialised Services Joint Commissioning Committee) has been in place in the East of England since 1 April 2023 with representatives from all six ICBs and the NHS England regional office. This has overseen the currently commissioned specialised services and the preparation for delegation.

From 1 April 2024, the existing joint committee will be replaced by a Joint Commissioning Consortium to oversee and make operational decisions in relation to the delegated services and to advise NHS England on those specialised services that are not being delegated.

The Consortium is not a committee of the Board and decisions taken by the Consortium will only be those that are already within the delegated authority of the individual members. For this ICB the member of the Consortium will be the Medical Director with the Deputy Medical Director acting as deputy when necessary.

Any decisions that fall outside of the delegated authority of the Consortium member as set out in the ICB's Scheme of Reservation and Delegation will be referred back to the ICB for approval before being enacted.

The terms of reference for the Joint Commissioning Consortium have been drafted based on the template agreed by the Board of NHS England and are attached as **Appendix C** for information.

Commissioning Team Arrangements

The existing Specialised Commissioning Team (SCT) will remain employed by NHS England and deliver all the functions currently delivered, including contract management, financial management, quality and performance oversight of providers, amongst many other functions.

Schedule 6 of the Collaboration Agreement describes the commissioning team arrangements and the table in Appendix 4 of that schedule shows the functions to be carried out by the SCT on behalf of all the ICBs.

The current expectation is that the SCT will transfer to BLMK under TUPE regulations on 1 April 2025, at which point BLMK will take over responsibility for the management of the team. Although BLMK will act as host for the SCT from 1 April 2024, it will not be the 'lead commissioner' as each ICB will receive its own financial allocation from NHS England and remain responsible for funding and reporting its activity, under the terms of the Delegation Agreement.

A Managing Director for Specialised Commissioning is being appointed by BLMK on behalf of all the ICBs to work alongside existing NHSE management in 2024/25 and take over line management responsibilities for the team from 1 April 2025.

The budget to employ the Managing Director will be transferred from NHS England to BLMK during 2024/25. From 1 April 2025, the budget for the Specialised Commissioning Team will transfer, along with the staff, to BLMK. As host, BLMK will fulfil the following functions:

- Line manage the Managing Director, to whom the SCT will report.
- Ensure the SCT effectively delivers the commissioning functions on behalf of the six ICBs in the East of England and NHS England (NHSE).
- Ensure professional leadership is provided to senior managers and commissioning functions within the team.
- Provide leadership for specialised commissioning in external fora (both within the East of England and across regional boundaries) on behalf of the six ICBs. Leadership in these fora may also be provided by other East of England ICBs directors and senior managers.
- Employ and manage the SCT following the transfer of staff.

Risks

As with any major transition there are risks to all parties. The general mitigations in place include the Safe Delegation Checklist, the phased approach by NHSE to delegating services, their retention of the Specialised Commissioning Team until 1 April 2025 and their retention of the financial liability for high cost drugs and devices associated with the delegated specialised services.

The programme risk register is shown at **Appendix D** and the highest rated risks are described below.

Staffing

Members of the SCT are aware that they have been identified as potential transferees under TUPE so their employment status will change from 1 April 2025. This may lead to a level of anxiety and staff choosing to leave the team. This, alongside existing vacancies could leave the team short of both numbers of staff and the experience they hold.

The Chief Executive of BLMK along with HR colleagues has contacted the team to reassure them of their long term employment prospects and hear their concerns.

The appointment of a Managing Director will add capacity and once they are in post, will be able to work closely with the team to ensure that the transition is a smooth one.

Recruitment is underway to fill the current vacancies.

Delays in moving to target allocation.

Recent analysis has shown that ICBs in the East of England are below their target allocation of funds for specialised services and NHS England is committed to addressing this. If this rebalancing takes too long then it will take longer for patients in the East of England to realise those benefits.

This risk does not specifically relate to the transition programme, but to the wider issue around equity of specialised commissioning services which will affect patients, irrespective of whether the delegation takes place.

Insufficient leadership capacity within host ICB in 2024/25

The transition of the SCT from NHS England to BLMK ICB may stretch the existing capacity of the BLMK leadership team. The appointment of a Managing Director will provide explicit leadership for specialised services.

The existing senior managers with the SCT will also be able to provide expert advice and input to support and provide assurance to the BLMK leadership team.

Indicative Timetable

The Board of NHS England has determined that responsibility for the commissioning of 59 services will be delegated to the ICBs in the East of England on 1 April 2024.

Similar arrangements are also taking place in the North West and Midlands regions. The Specialised Commissioning Team will continue to be employed by NHS England until 1 April 2025 from when they will be transferred to BLMK ICB under TUPE arrangements.

From 1 April 2025, it is also anticipated that a further tranche of specialised services will be delegated to ICBs.

3. Findings/Conclusion

Whilst there is likely to be little change to the current commissioning arrangements in 2024/25, the delegation of the commissioning of specialised services will enable the ICB to work with providers to streamline and further integrate treatment pathways and to develop more localised commissioning where it is safe to do so.

The Delegation Agreement and Collaboration Agreement are key documents in enabling the delegation of specialised services.

4. Recommendation(s)

The Finance and Investment Committee has recommended that the Board should:

- **Agree** that the ICB will be bound by decisions taken collectively with the other ICBs in the East of England in line with the Collaboration Agreement, relating to delegated specialised services.
- **Approve** the delegation of 59 specialised services and **authorise** the ICB Chief Executive to sign the Delegation Agreement between the ICB and NHS England
- **Approve** the Collaboration Agreement between the ICBs in the East of England and NHS England to manage the commissioning of the specialised services in a joint endeavour.
- **Note** the governance arrangements and the terms of reference of the Joint Commissioning Consortium.

5. Appendices

Appendix A Delegation Agreement

Appendix B Collaboration Agreement

Appendix C Joint Commissioning Consortium Terms of Reference

Appendix D Programme risk register

Appendix E Risk Share Arrangements

Background reading

Finance packs – data (available on request)

Part I ICB Board meeting, 21 March 2024

Agenda Number: 7

Equality Delivery System (2022) – 2023/24 Report

Summary Report

1. Purpose of Report

The Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS provider organisations. There are three key domains; domain 1 relates to commissioned/provided services where a system response has been developed with Mid and South Essex NHS Foundation Trust and Essex Partnership University NHS Foundation Trust, whereas domains 2 and 3 relate to ICB development of workforce health and well-being and inclusive leadership.

The overall conclusion of the work undertaken is that the system and ICB is rated as 'Developing' under the EDS.

2. Executive Lead

Giles Thorpe, Executive Chief Nursing Officer

3. Report Author

Dr Sophia Morris, System Clinical Lead for Health Inequalities
Judith Low, Senior HR Business Partner
Nicola Adams, Associate Director of Corporate Services

4. Responsible Committees

The Remuneration Committee and Audit Committee are responsible for oversight of equality issues within the ICB.

5. Impact Assessments / Financial Implications / Engagement

Not applicable to this report.

6. Conflicts of Interest

None identified.

7. Recommendation(s)

The Board is asked to endorse the Equality Delivery System Report.



Equality Delivery System 2022

2023/2024 Report

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Introduction: Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: **EDS2: Making sure that everyone counts.**

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted and published on the organisation's website.

The Mid and South Essex approach to EDS2 in 2023/2024

Mid and South Essex ICB has due regard of the regulatory and statutory equality requirements and delivers its responsibilities against the Equality Act in three ways; as an employer, in its function as an ICB and as part of a wider system alongside its strategic partners. At the heart of the Mid and South Essex Integrated Care Strategy is the Common Endeavour of reducing inequalities by working together to eliminate avoidable health and care inequalities. The ICB has established two overarching key (interim) equality objectives as set out below:

- ***Our overall objective as an employer is to create an inclusive environment where our staff feel valued and supported to achieve their potential recognising that our culture values diversity and the voice of our teams.***

- ***Our overall Equality objective as an organisation is to ensure equitable access, excellent experience and optimal outcomes for all by addressing unwarranted variations in our services and moving towards a joined-up health and care system.***

The Equality Delivery System (EDS) was launched in July 2011, it is the foundation of equality improvement within the NHS and is used as an accountable improvement tool for NHS organisations in England. The EDS evaluation process gives MSE ICB an opportunity to embed the promotion of a healthier and more content workforce, which ultimately enhancing the quality of care provided to patients and service users. The EDS comprises eleven outcomes spread across three Domains, which are:

- Domain 1) Commissioned or provided services
- Domain 2) Workforce health and well-being
- Domain 3) Inclusive leadership.

For Domain One, in 2023/24 NHS organisations, with other health and care partners, were required to select three services that they commission and/or provide for patients. MSE ICB worked in partnership with NHS organisations to evaluate three chosen services

- (1) Urgent Community Response Team in partnership with Mid and South Essex Community Collaborative (MSECC)
- (2) Inpatient Detox Service (Topaz Ward) in partnership with Essex Partnership University NHS Foundation Trust (EPUT)
- (3) Learning Disability in partnership with Mid and South Essex NHS Foundation Trust (MSEFT)

This approach allowed for a co-ordinated evaluation process supported by wider community and VCSFE partnerships thus lending the 23/24 EDS evaluation cycle to taking a whole system approach.

Domain Two and Three of EDS focuses on workforce equality. To acknowledge the substantial impact of COVID-19 on Black, Asian, and Minority Ethnic community groups, as well as individuals with underlying and long-term conditions like diabetes, the EDS now aligns with the goals of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)¹. Evaluation for domain two and three led by MSE ICB workforce team appraised workforce culture, current policies and interventions which support our stated equality objective to create an inclusive environment that values diversity and the voice of our teams. Wide engagement was taking across the ICB including staff engagement groups and trade unions.

EDS Rating and Score Card

Scoring rationale for each element of the assessment	Total scoring per domain
Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

NHS Equality Delivery System (EDS): Document Control

Name of Organisation	Mid and South Essex Integrated Care Board	Organisation Board Sponsor / Lead	Dr Giles Thorpe, Executive Chief Nursing Officer
Name of Integrated Care System	Mid and South Essex	EDS Lead	Dr Sophia Morris, System Clinical Lead for Health Inequalities
EDS Engagement Dates	<p>Domain 1: Patient and Carer Stakeholder Session (January 2024). ICB Stakeholder Session (February 2023)</p> <p>Domain 2 & 3: Virtual review by staff network Chairs, Trade Union colleagues and Freedom to Speak up Guardian</p>	At what level has this been completed?	<p>Domain 1: Partnership Essex Partnership University NHS Foundation Trust Mid and South Essex University Hospitals NHS Foundation Trust</p> <p>Domain 2 & 3: Integrated Care Board</p>
Date Completed	February 2024	Date Authorised	March 2024
Date Published	March 2024	Revision Date	February 2025

Completed actions from previous year:

Domain 1: Commissioned or Provided Services 2022/23 Follow-up

This work relates to the domains reviewed in 2022/23 for Perinatal Service in EPUT and Maternity Service in MSEFT.

Outcome / Recommendation	Action / Activity
<p>Domain 1 A: Continue to promote accessible information standard (AIS)</p>	<ul style="list-style-type: none"> • Feature AIS as part of EPUT Patient Experience training to support access. • Accessible Information Standard has been built into Welcome pack inpatient ward blueprint templates. • AIS champion identified among pool of LEA's. Champion attends People Participation Committee ensuring AIS is standing agenda item on PPC. AIS is being utilised in increasing work streams including the neurodiversity network and coproduction champion network. • iWGC reporting and training manager working with information governance and systems team to understand how patient management systems preference for communication can be included on standard letter templates for the Trust. • As actions throughout the past year have developed, a single patient experience training was considered, however it was felt that a more appropriate action for awareness was to create a Trust wide Lived Experience practice framework. This is in development and will help structure advice and guidance from the Quality-of-Care strategy; of which one of the three core components is Experience. AIS is included within Lived Experience Practice framework. This will ensure that AIS is utilised as part of the entire delivery of lived experience within the trust.
<p>Domain 1 A continued: Demonstrate activity and action plan in place to ensure those with protected characteristics have adequate access to the service.</p>	<ul style="list-style-type: none"> • Maternity action plans to progress action which will improve early access to maternity care within MSE, for those in identified ethnic minority groups. • Broomfield site has one Continuity of Care (CoC) team targeting vulnerable women. There are plans to implement this across the other two sites. This has not yet commenced for those from minority groups; however, the booking self-referral process has incorporated inclusive language and acknowledgement of protected characteristics in its content and was coproduced with the Maternity & Neonatal Voices Partnership (MNVP).

Outcome / Recommendation	Action / Activity
	<ul style="list-style-type: none"> • The MNVP now had additional members of ethnic minorities groups that will help to reach out to under-served patient groups. We have also implemented Personalised Care Support Packages for all patients. • The electronic referral form for antenatal care where ethnicity is mandated is almost completed. • There has been an improvement in collaboration observed between stakeholders. • Continue to ensure that data collection is carried out, to identify who is accessing face-to-face, telephone or video consultations, including by relevant protected characteristic and health inclusion groups.
<p>Domain 1B: Support and contribute to the implementation of “Time to care” program (both EDI and Patient Experience Teams)</p>	<ul style="list-style-type: none"> • The Patient Experience Team continue to support contribute to the Time to Care (TTC) programme. A Co-Production Lead role has been allocated with a shared reporting responsibility on status and benefits of lived experience to the organisational steering group. • TTC coproduction lead has created involvement group made up of people with Lived Experience. Members of the involvement group have visited wards to ask patients original baseline TTC questions including ideas to improve patient care in services and recognising protected characteristics in patient care • Coproduction lead has been working closely with the Director of Nursing, Infection prevention and control to ensure that themes and trends from involvement group such as staff development and retention is built into Quality-of-Care strategy. • iWGC reviews continue to increase following creation of iWGC reporting and training manager role; giving patients, families and carers increasing opportunity to report whether their health needs have been met. • TTC coproduction lead has been working with freedom to speak up guardian to understand barriers in raising issues. TTC coproduction lead is currently receiving Peer Support Worker training and has contributed to discussions and rating of need of new roles within EPUT.
<p>Domain 1B continued: Identification of higher risk cohorts and targeted</p>	<ul style="list-style-type: none"> • MSEFT Health Inequality maternity dashboard in development currently. • MSEFT led Personalisation and Choice workstream in place. • Co- production with the MNVP ongoing.

Outcome / Recommendation	Action / Activity
<p>interventions to address their needs.</p>	<ul style="list-style-type: none"> • Agreement to introduce Patient Knows Best platform now confirmed. Maternity services are identified as a priority area to implement this in. Maternity digital strategy in place. • Standardised hard copy PCSP (Personalised care and support planning) format for use across maternity services in the system to be developed which will be translated into multiple languages. This work is led by one of the Better Birth Midwives. • Tobacco dependency pathway has been finalised, with a ratified guideline to support it. The recruitment of specialist midwives and support workers is complete with all sites recruited to, and the pathway was launched in February 2024. This service will support women and pregnant people to access in-house smoking cessation services, providing nicotine replacement therapies, vapes and qualified staff, with the aim of reducing the incidence of smoking at the time of birth.
<p>Domain 1C: Share learnings / next steps taken from serious incidents with patients, families and carers</p>	<ul style="list-style-type: none"> • Never Events continues to prove a useful tool. Sharing from learning shared with teams. • Patient Safety Partner role continues to develop in EPUT. Utilisation, purpose and practice of role has increased as has the number of individuals undertaking the role. • Patient Experience Team now provide quarterly reports to each care unit, reporting on lessons identified, best practice and themes and trends from any incidences of harm. • iWGC reporting and training manager attends each LCP meeting, reporting each month on learning/ next steps from serious incidents and iWGC reviews. • Number of managers signed up to the iWGC reporting interface has significantly increased. This allows managers to be notified when concerns are raised regarding their service; allowing for quicker identification of patient issues with care to enable improvements to be made. • iWGC reporting and training manager has also attended care opinion training to understand the best way to respond to patient/family and carer reviews. Next steps and learnings are publicly shared in response to reviews. • EDS agenda was built into the “I want Great Care” reporting and training manager role
<p>Domain 1D: Share themes and trends from data with patients, carers and</p>	<ul style="list-style-type: none"> • “You said, We did” promotions have been redesigned to ensure examples of best practice that have been identified are shared and can be replicated. Patient Experience team reviewing “You said, We did” submissions with lived experience ambassadors to ensure truly meaningful submissions. For example,

Outcome / Recommendation	Action / Activity
family through “you said we did” promotions.	“you said inpatient ward food is not up to standard” “we included lived experience ambassadors in the food tasting and assessments of acquiring a new meals contract”
Domain 1D continued: Co-production with communities to support continued reporting of positive experiences.	<ul style="list-style-type: none"> • MNVP has led a LGBTQ+ Focus Group to identify areas of focus for MSE. In addition, focus groups have taken place with a number of other minority groups • Action has been taken to ensure all LMNS communications, where possible, are coproduced with the MNVP to ensure information reflects service users’ needs and uses inclusive and additive language. Examples include: • Video tours of the maternity and neonatal units on all three sites, Personalised Care and Support Plan - comms developed by the MNVP (which we coproduced), Information on St Peters temporary closure of birthing unit (Sept 2023), Hospital Infographics - Birth stats • Ongoing engagement in place to support the MNVP to undertake out-reach work, utilise volunteers for engagement, support local community groups to progress opportunities for collaboration. • Regular review the membership of the MNVP, to evaluate how representative of the local population it is.
Domain 1D continued: Actions to improve equitable access	<ul style="list-style-type: none"> • Out of hours GP service has been implemented. • Accessibility ramps and other provisions to support access to those with a disability are in place and are readily available. • Red cards/zero tolerance principles are in place to protect the staff carers and visitors to the Trust. • Improvement with the deaf blind hearing loop accessible within areas and now the portable hearing aids available within all wards and departments. • Disability and Carers Passport developed

Domain 2: Workforce health and well-being 2022/23 Follow-up

Outcome	Objective	Action	Completion date
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Increase awareness of staff support available through networks and also targeting some interventions through the results of the wellbeing survey	Wellbeing champions to analyse results of wellbeing survey and plan schedule of events and interventions for 2023, including planning targeted monitoring of the health of those with protected characteristics and targeted interventions to encourage self-care amongst those with long term conditions.	Carried forward
		Develop how the reach and impact of these interventions will be measured.	Carried forward
		The intranet will be reviewed and updated regularly to signpost staff to support within the local area using the Staff intranet.	Completed and ongoing
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To review, refresh and promote the ICB Dignity at Work Policy and provide briefing sessions on this policy. To devise and agree a staff behavioural code in line with ICB values. Deliver cultural awareness and microaggression training.	HR team to review policy in partnership with SEG.	Completed
		Behavioural code devised from values engagement work and shared with SEG and wider staff.	Carried forward
		Commission training as part of EDI procurement	Carried forward
2C: Staff have access to	Refresh and relaunch staff support offers.	HR team currently refreshing support offers.	Completed

Outcome	Objective	Action	Completion date
independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Expand oversight of reporting on EDI.	<p>Refreshing our offer for staff in terms of Freedom to Speak Up Champions and Contact Officers.</p> <p>Refreshing the offer for Mental Health First Aiders.</p> <p>Quarterly reporting of exit interview data to ICB Exec group. This data can be broken down by protected characteristics where this information has been reported by staff and therefore enable us to identify and act upon any issues for any groups of staff.</p>	<p>Completed</p> <p>Ongoing</p> <p>Ongoing</p>
2D: Staff recommend the organisation as a place to work and receive treatment	No actions identified.	-	-

Domain 3: Inclusive Leadership 2022/23 Follow-up

Outcome	Objective	Action	Completion Date
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Regular Board agenda items around EDI	To be discussed and agreed with Board.	Ongoing
	To commit to the RMFI programme and learning from this.	To participate in the Reciprocal mentoring Programme and share and implement learning.	Carried forward for refresh in 23/24
	To commit to the delivery of the ICS EDI framework	To deliver the outcomes of the ICS EDI framework in particular around the culture and leadership element of the framework. Board Reporting on compliance and implementation of WDES, EHIIAs, Gender Pay Gap, AIS, PCREF and EDS2, by the Executive Chief People Officer.	Ongoing WRES, Gender Pay Gap and EDS completed
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be	Provide Assurance to the Quality Committee that EHIIAs are fully completed, and actions taken on any required interventions. Update BME risk assessments.	Establish robust framework for the completion of EHIIAs.	Completed
		Gap analysis on completed BME risk assessments and ensure all complete.	Completed

Outcome	Objective	Action	Completion Date
mitigated and managed			
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Board members conversant with and act upon relevant EDI tools.	<p>Complete WRES and WDES reporting and associate action plan.</p> <p>Establish monitoring and reporting process for EHIIAs.</p> <p>Complete EDI reporting on Gender Pay Gap, AIS, PCREF.</p> <p>Board members and system leaders to support the delivery of these reports and action plans and retain oversight of progress against these plans. Further action plans will be established with clear leadership identified when the EDI framework has been delivered.</p>	<p>WRES completed</p> <p>Completed</p> <p>Gender Pay Gap completed</p> <p>Ongoing</p>

Current year assessment 2023/24

Domain 1

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>1A: Patients (service users) have required levels of access to the service</p>	<p>Urgent Community Response Team (UCRT)</p> <p>Multiple pathways of access into the Urgent Community Response Team (UCRT)</p> <p>UCRT accepts referrals from GPs, ACPs, ECPs, carers, ambulance service, and care line.</p> <p>UCRT have criteria, if an individual meets the criteria for admission avoidance, they will be accepted for a visit by one of our registered nurses or Occupational therapists within 2 hours of the referral.</p> <p>Topaz Ward Detox Service</p> <p>Topaz Ward is a ground floor, flat surface ward, with accessible parking available for those who require access. Access from the main entrance to all required parts of The Crystal Centre are wheelchair friendly, including Topaz Ward. All bedrooms have en-suite bathrooms, and the ward is wheelchair friendly throughout, including the garden areas.</p> <p>All patients are assessed for referral to physiotherapy upon admission, which includes a falls risk assessment and care plan, to ensure immediate safety on the ward.</p> <p>Topaz ward has a swing bed used for non-binary and transitioning patients.</p> <p>The detox service team assesses every referral received. A link pathway with the Gastroenterology</p> <p>Consultant from Broomfield was created when the service opened May 2022, to ensure those with high markers / co-morbidities were discussed and treatment plans formulated, to ensure all those needing a detox could access treatment. Service has links with the local DASS</p>	<p>2</p>	<p><u>UCRT & Topaz</u> Patient Experience Manager</p> <p><u>LD</u> Learning Disability, Autism and Dementia Service Lead</p>

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>teams, women's' refuge services and all psychosocial services, which improves/increases routes of access from admission to discharge.</p> <p>The detox service uses NDTMS (National Drug Treatment Monitoring System) to ensure ethnicity is captured upon referral. This is presented to regional EOE commissioners, themes, and trends relating to ethnicity and access is ongoing.</p> <p>The detox service has a rotation rota formulated for Junior Doctors to assist in commissioning Equality and Diversity within the detox service. This ensures EDI is always on the agenda for staff.</p> <p>The detox service routinely carries out Q&A meetings, where referring services across the EoE region can attend and ask questions about the service, regardless of whether there are pending referrals/admissions or pre-admission assessments within their teams This allows any individual concerns around access to be picked up by the team, even prior to referral or post discharge.</p> <p>A webpage has been created which is accessed via public domains. This gives anyone who wishes to view an outlay of the service, including previous service users, members of the detox and Topaz Ward team, and a video showing the ward environment. This improves and publicises information on access.</p> <p>Learning Disability</p> <p>The team engage with patients and their families, carers and representatives on a co-production basis through various means, including focus groups around specific workstreams, regular engagement meetings which we have recently rebranded as Ask, Listen, Do meetings (demonstrating consistency with NHSE), our Trust-Wide Hubs and by means of community outreach with the support of day service and other providers.</p> <p>Following Executive decision to develop a clear programme on Health inequalities with MSEFT, LD was identified as an area of focus in 2021. The work in the LD service (as</p>		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>mentioned above) commenced in 2021 following a grant application for specific work around health inequalities and has continued since.</p> <p>A report produced by Healthwatch Essex details the recommendations from people with learning disabilities and their carers & families. Final report from 2022 attached as evidence.</p> <p>The various projects undertaken to make the service equitable are also listed in our public board report of May 2023 - download.cfm (mse.nhs.uk)</p> <p>This more collaborative and dynamic approach builds on existing engagement through our PALS and compliments and complaints procedures, and mechanisms such as patient and family questionnaires which we continue to utilise. It provides an opportunity to better understand</p> <p>ICB Wide</p> <p>Analysis undertaken of elective care waiting lists by ethnicity, sex and deprivation has enabled actions to be taken to improve equitable access to services by reducing barriers for example for working age women. The gap in waiting times between the most and second most deprived areas has halved in the last 12 months, but further improvements are still needed to eliminate the longer waiting times in more deprived areas.</p> <p>A systemwide elective recovery Equality Health Impact Assessment (EHIA)with corresponding action plan was undertaken, which allows for mitigating of inequalities of access for protected characterises and those groups which are more likely to experience barriers to accessing care. A further EHIA was completed to ensure industrial strike did not have a disproportionality effect on demographic groups.</p> <p>ImpactEQ is a system wide digital platform which has been developed for robust undertaking of equality impact assessments. This platform is in final stages of roll out with a complementary training package in place.</p> <p>PHM Core20PLUS5 data packs have been distributed widely which summaries population</p>		

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	<p>inequalities down to a PCN level. PLUS groups and CYP data packs are due to be released shortly.</p> <p>Work has commenced on a system performance framework to measure access, experience, and outcomes for ethnic minority communities and those in the bottom 20% of Indices of Multiple Deprivation (IMD) scores.</p> <p>The system Athena data platform will host a number of dashboards including Core20PLUS clinical areas with an inequalities lens applied to all datasets.</p> <p>Across the system continued effort has seen year on year improvement in ethnicity recording, within primary care 95% of patient records have a recorded ethnic. Accurate recording of other protected characteristics is now our second phase of focus. Local training has been delivered to educate on the importance of robust demographic recording.</p>		
<p>1B: Individual patients (service users) health needs are met</p>	<p>Urgent Community Response Team (UCRT)</p> <p>The UCRT treats patients with acute infection, falls, reduced mobility, urinary retention. If a patient is deemed stable and safe to stay at home on point of triage, they will be assessed by the team to reduce hospital admission but ensure they are still in receipt of care.</p> <p>A full holistic assessment conducted by the visiting health professional who will complete referrals if required. Referrals include Tissue viability, care co-ordination service, social services, care agencies, respiratory team and virtual frailty service.</p> <p>Blood tests taken and results are available within two hours to identify treatment. If medication is required, there are nurses can prescribe and initiate treatment the same day. There are extensive clinical governance structures in place to ensure patients' health needs are met: include monitoring Serious Incidents for any themes and trends related to Equality and Diversity, action planning, key learning, compliments, and achievements and discussing</p>	<p>2</p>	<p><u>UCRT & Topaz</u> Patient Experience Manager</p> <p><u>LD</u> Patient Experience Team/PALS/Complaints/ Specialist teams/All staff</p>

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>culture of learning.</p> <p>Topaz Ward Detox Service</p> <p>Detox service monitors health needs right from point of referral to discharge. Considering physical health prior to admission, viewing bloods and any other physical health needs. Specialised care plans to ensure patient is fully supported with any identified health needs.</p> <p>The detox service liaises with an individual's care co-ordinators, GP service, CMHT, social workers and any other services to ensure that health needs are understood and shared. The service works collaboratively with the Gastroenterology service at Broomfield, arranging assessment and scans.</p> <p>A doctor and specialized detox nurses assess all patients on the day of admission where repeat bloods, ECG, full physical health assessment and capacity is assessed. From here, the detox team create specialized care plans to meet the patients' needs and refer to individual services where the need arises.</p> <p>Physical observations are completed daily, alongside CIWA and COWS scoring prior to morning medication and throughout the day, to ensure any withdrawals are identified and actioned accordingly. MUST and water flow are completed upon admission, and weekly thereafter; all to ensure individual needs are consistently monitored and met.</p> <p>Upon discharge, Topaz patients complete an IWGC questionnaire, via paper copy or electronically to identify any needs that were not met, allowing us to reflect and improve the service.</p> <p>The detox team also follows the 24-hour follow up call as per trust policy, alongside follow up with the patients care co.</p> <p>Patients are followed post discharge via the SHARPS community rehabilitation program, which considers how well the patients' health needs were met by the service.</p>		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>Learning Disability</p> <p>Patient needs are assessed individually, to ensure that their health needs are met in the way that is best for them. This is underpinned by the Trust’s standard policies and procedures, and there are relevant assessments, tools, and specialist resources to support enhancement of this where appropriate.</p> <p>Following previous round of the NHSE LD Improvement Standards and the National Audit of Dementia, we have identified that there should be board level representatives and also that people experiencing health inequalities and their families/carers should be able to engage and feedback at board level.</p> <p>For the specific programme on HI, patients and their families were engaged and contributed to development of the programme. The various projects undertaken to make the service equitable listed in our public board report of May 2023 - download.cfm (mse.nhs.uk) were co-developed with our patients and their families/carers. These were agreed with LD ambassadors and champions (trained staff acting as LD champions across services) and shared via a celebration event in Nov 2022.</p> <p>Regular Ask, Listen, Do meetings are being conducted engaging patients and carers. These take place quarterly and topics discussed include the ongoing project work as reported in the board report.</p> <p>The team regularly collate local feedback questionnaires from patients to help identify areas of improvement.</p> <p>Through an agreement, Healthwatch Essex, host the LD ambassadors’ network for MSE ICS who contribute to regular conversations.</p> <p>Reports from Health Watch Essex have also been used to inform newsletters as an update for LD ambassadors and champions</p>		

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	<p>Minutes from Ask, Listen, Do meetings or feedback from other areas.</p> <p>Information and ideas collated during face-face engagement, Patient Experience Surveys (CQC Picker Surveys)</p> <p>Staff are appropriately trained and competent to ensure that they are able to meet the needs of those in their care. Due to the intervention of the team, a three module LD champion training has been developed in partnership with Healthwatch Essex that is completed by LD champions. We have 192 Learning Disability / Autism Champions the organisation since the training was introduced in 2023 (these are members of staff)</p> <p>All staff also completed mandatory Oliver McGowan training for LD related training.</p> <p>Patient risk assessments are regularly carried out to determine pathway appropriate to them.</p> <p>Recommendations from Ockenden report 2020 implemented widely across the trust.</p> <p>Reasonable adjustment cards are being implemented by March 2024</p> <p>Paper based hospital passport for people with learning disabilities has been implemented with plans to incorporate it as part of future digital platform. The forms are also available in a digital format. All patients in contact with the service have a hospital passport and if they don't have one, the team helps them put it together.</p> <p>Carers passport has also been implemented in the hospital though the exact numbers of how many have set one up is not available at time of reporting this.</p> <p>ICB Wide</p> <p>A number of health inequalities funded projects have been targeted interventions which aim to improve access to care in a manner which addresses the needs of particular groups e.g. Foot care for homeless groups, Dental outreach bus targeted at homeless and migrant groups,</p>		

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	<p>There has been successful reach into communities through use of outreach models for preventative and proactive care. Planning is underway for a sustainable delivery model which aims to have an integrated approach.</p> <p>Personalised care - roll out of the Shared Decision Making four questions campaign with primary care.</p>		
<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Urgent Community Response Team (UCRT)</p> <p>New DATIX field to capture incidents of racism, ableism, homophobia and any other kind of discriminatory abuse or behaviour. Sharing of learning when harm has occurred.</p> <p>The holistic assessment utilised in the UCRT ensures that if an individual is too unwell to remain at home, hospital admission will be arranged. If care needs are identified the UCRT team organise an urgent care package. On occasion where a hospital admission cannot be arranged the UCRT work with patients to arrange a family member, friend, or carer to stay with the individual until hospital admission can be fulfilled.</p> <p>Patient Safety Partners are working within EPUT to support and contribute to EPUT's governance and management processes for patient safety. It is the role of Patient Safety Partners to communicate rational and objective feedback focused on ensuring that Patient Safety is maintained and improved with EPUT as part of the Safety First, Safety Always initiative.</p> <p>Serious Incidents and reports of harm are routinely monitored by Essex STaRS data analyst, the detox service manager and Essex County Council commissioners to identify any themes or trends.</p> <p>Topaz Ward Detox Service</p> <p>The ward ensures patients are free from harm by way of sexual safety care planning, single</p>	<p>2</p>	<p><u>UCRT & Topaz</u> Patient Experience Manager</p> <p><u>LD</u> Governance Trust Leadership</p>

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>sex corridors, ongoing supportive and engagement observations, weekly physical health monitoring and use of Oxyhealth (upon consent).</p> <p>Patients are reviewed weekly by the detox consultant and daily by detox Doctors.</p> <p>There are clinical governance structures in place to protect the safety of patients for both the detox service and Topaz Ward as a whole. From this, the team reviews ongoing culture of learning, undertakes action planning, key learning, lessons learnt and review compliments and achievements within the service.</p> <p>Detox service has weekly referrals and service overview meetings to review and discuss all new referrals, patients that are awaiting pre-admission assessment and admissions, and those that we are awaiting additional information from to ensure a safe detox for an individual.</p> <p>The detox service operates Q&A sessions monthly inviting referrers, care co-ordinators and commissioning services to discuss any areas of concern.</p> <p>The detox service formulates relationships with partner organisations, families, friends and carers to ensure a smooth and safe transition from the ward back into the community.</p> <p>Psychosocial work will need to be evidenced prior to admission and reaffirmed post discharge to minimize risk of relapse.</p> <p>The detox service welcomes patient safety “walk around” to promote change.</p> <p>Learning Disability</p> <p>The team uses regular trust processes to ensure patient safety:</p> <ul style="list-style-type: none"> – Datix – Never Events/SI's – Information Governance reports 		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<ul style="list-style-type: none"> – Complaints – QI Projects – Policies and Procedures supporting delivery of service – Statutory/Mandatory training as well as developing LD ambassador and LD champion training – Governance Structures for patient safety – PSIRG, Quality Governance Committee etc <p>The team also learn from deaths by complying with external process (LeDeR) as well as completing Structured judgement reviews and LD reviews using internally available SMART tool.</p>		
<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Urgent Community Response Team (UCRT)</p> <p>The iWGC reporting and training manager within the patient experience team is doing some targeted work with the UCRT to increase their review responses. Unfortunately, the UCRT have not had any reviews since the implementation of iWGC. Therefore, there is no evidence to present to demonstrate positive nor negative experience from the UCRT.</p> <p>Patients are encouraged to complete IWGC (I Want Great Care) forms during and post admission to ensure that all feedback is obtained about the detox service and Topaz Ward as a whole. The platform is accessible in different languages and is presented through varying methods depending on what may be most suitable to the patient demographic.</p> <p>All feedback is discussed within the Clinical Governance meetings encouraging transparency and learning.</p> <p>Topaz Ward Detox Service</p> <p>On Topaz Ward, all patients are given PALS information, 'Your sexual safety on the ward',</p>	<p>2</p>	<p><u>UCRT & Topaz</u> Patient Experience Manager</p> <p><u>LD</u> Patient Experience Team</p>

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>'your rights as an informal patient' and 'Welcome to inpatient services' leaflets upon admission as part of their admission pack. In addition, they are given the option to be added to NDTMS data, 'My care, My recovery' booklet and a 'Welcome to Topaz' letter. This outlines the organisational vision – Working to improve lives. Patients are frequently reminded from this that any feedback is welcome.</p> <p>Multiple compliments via DATIX have been completed for Topaz Ward including receipt of cards and positive verbal feedback that have been received by patients upon discharge.</p> <p>Every individual with connection/interest in EPUT can attend the EPUT forum, which is held once a quarter by the Patient Experience and Volunteers team as an opportunity to ask people and communities what matters most to them and where “citizens” feel EPUT should be targeting their energy. This gives all patients the opportunity to provide feedback on their experiences of care.</p> <p>On average, the detox service scores 4.5 out of 5 for patient experience.</p> <p>Review of overall experience scores were lower 3.83 out of 5 for those that preferred “not to say” for their gender, those that stated “other” had better overall experience in comparison rating the experience 4.25 out of 5. Whilst those that identified as male or female had similar over all experience rating their experience 4.77 and 4.72 out of 5.</p> <p>When we compare gender identity with ethnicity it appears that people of all gender and white had very similar over all experience (4.25 - 4.78). But those that preferred not to say their gender and from non-white ethnic background had relatively low experience score (3.75).</p> <p>Learning Disability</p> <p>The service has spent the last two years, first listening to service user voice, and then working with them to co-design recommendations to make the LD service and wider experience of people with LD in other services in the hospital (and also influence primary care) better.</p> <p>The LD champion network and LD ambassadors have supported change in how services</p>		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>recognise and support patients with LD through various projects that have been co-designed with service users and staff thus designing processes to gain positive experience. The support provided by LD ambassadors to User-centred-designed hospital appointment letters are now being used across wider hospital services, improving experience, and reducing DNA. This is being routinely evaluated by the Quality improvement team and data is also collected through the wider outpatients programme to understand impact.</p> <p>Evidenced through means of feedback questionnaires, minutes from meetings, compliments, quarterly meetings with LD ambassadors are routinely used in the team discussion to improve care.</p> <p>Trust wide Friends and Family test results, patient experience groups and yearly analysis of patient experience using protected characteristics is used to understand wider feedback and support local improvements.</p> <p>Reasonable adjustments steering group provides another opportunity to co-design.</p> <p>Other routes through which patient voice is brought into the services is through - Listening events (engagement with patient partner reps), PALS, Carers Forum, Links with Healthwatch incorporating feedback and actions.</p> <p>Bespoke surveys are also put in place if required for inpatient/Outpatient areas.</p> <p>ICS Wide</p> <p>Insight bank established to share intelligence and insights regarding the experience of different demographic groups across system</p> <p>MSE is second wave Core20PLUS community connectors site, the COPD Community Connectors program objective is to better understand the lived experience of those with COPD living in the most deprived areas of Southend. Led by VCFE SAVS and Healthwatch Southend Intelligence from this program is shared across organisation boundaries and a</p>		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>positive output of this program is an innovative co-designed pulmonary rehab style service.</p> <p>Core20 Accelerator program focuses on increasing SMI annual health checks. A core element of this program was co-production with those with lived experience of SMI to improve access.</p> <p>Insight bank established to share intelligence and insights regarding the experience of different demographic groups across system</p> <p>A report by Healthwatch Southend and the Royal Association for Deaf People was received by the MSE ICB which highlighted the experiences of those from the Deaf community when accessing General Practice. Internal reflection was taken and a response to recommendations have been shared to drive improvement in access for this identified group.</p> <p>Mandatory staff training – EDI, McGowan. EQIA updated training to be shortly released. Health Inequalities resources on ICB intranet and NHS futures platform is promoted regularly.</p> <p>ICS Research Engagement and Network (REN) program has begun, this program aims to address the barriers to diverse inclusion from demographic groups who are less likely to engage in research opportunities.</p>		
<p>Domain 1: Commissioned or Provided Services Overall Rating</p>		<p>8</p>	

Domain 2: Workforce health and well-being 2023/24

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>The Mid & South Essex ICB has an established peer support group called “Positive Ways to Wellness” – open to employees with any long-term condition.</p> <p>We also promote national, regional, and local (via Working Well) initiatives such as The NHS Digital Weight Management Programme, Stress Awareness Workshops, Mindfulness courses and many more.</p> <p>We have created a Wellbeing Champions Group and are growing our network of Mental Health First Aiders whose role is to act as a first point of contact for any employee experiencing emotional distress through to a mental health issue.</p> <p>Wellbeing Champions can signpost to national and local support available.</p> <p>Our Wellbeing Survey (December 2022) that has been coordinated by Working Well indicated that 40% of respondents had a long-term condition which highlighted the need to promote other lifestyle changes that could help better management of these conditions.</p> <p>In addition, 64% of respondents were not happy with their weight and 60% are interested in making changes which highlighted another area worth prioritising in 2023/24.</p> <p>2023/24 Update.</p> <p>The work on supporting staff with long term conditions has continued as above and with the creation of some guidance to support reasonable adjustments as part of the onboarding process and adjustments to all ICB processes to ensure there is inclusion. During the recent large scale change process adjustments were made during the appointment process to ensure equality of opportunity. On at least two occasions the ICB extended the payment of sick leave to support the recovery of staff with long term conditions. There is new ICB 1:1 paperwork that encourages wellbeing conversations and the ICB has created a new</p>	<p>2</p>	<p>HR/Wellbeing Champions/Staff Networks</p>

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>Menopause Strategy that has been through its ratification process to include engaging with the Women's Network and published on our staff intranet. Wellbeing is one of the ICB's values and the new Managers Learning Network has run a session on Health and Wellbeing.</p> <p>70% of staff say that the ICB makes reasonable adjustments to enable them to carry out their work which is above the national average of 63%.</p> <p>75% of ICB staff say that they are satisfied with the opportunities for flexible working again above the national average of 68%.</p> <p>The ICB's Health and Safety Policy sets out our responsibilities and those of employees under the Health and Safety Work Act 1974. Health and safety, fire safety and manual handling are included in the mandatory training programme for all ICB staff.</p> <p>Risk assessment and inspections identify health and safety issues to enable appropriate action to be taken to reduce risks to staff and other users of ICB premises. Although ICB staff continue to work in a hybrid way, regular health, and safety inspections, building system tests and maintenance continued throughout the year.</p> <p>The ICB Stress Risk Assessment is currently being updated, Stress Anxiety and Depression is the highest cause on sickness absence in the ICB, the system and the NHS as a whole.</p> <p>Staff are also required to complete working from home risk assessments and have access to support in enabling them to have the correct DSE equipment.</p>		
<p>2B: When at work, staff are free from abuse, harassment, bullying and</p>	<p>Dignity at Work Policy for the ICB to safeguard all stakeholders. This policy will be refreshed during 2023/24.</p> <p>NHS Staff Survey results 2021 show that 100% of staff had not experienced violence from any source. There was evidence to show that staff had experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public as well as from</p>	<p>2</p>	<p>HR/Staff Engagement Group</p>

Outcome	Evidence	Rating	Owner (Dept/Lead)
physical violence from any source	<p>managers and colleagues and rates of reporting this were comparable with the national average. The 2022/23 results will be published on 9th March 2023 and will be considered alongside the 2023/24 (March 2024) result to assess for trends.</p> <p>Following the last NHS Staff Survey, MSE ICB Staff Engagement Group discussed priorities such as refreshing the Dignity at Work policy as well as developing awareness training and agreeing a behavioural code with staff. There are also plans to develop cultural awareness and micro aggression training and to run some staff briefings on awareness and familiarisation of the policy highlighting the role of staff and managers within this policy and process.</p> <p>Update 23/24 The Dignity at Work Policy has been reviewed and the key themes from the staff survey have been shared with the ICB Executive Team and they have been asked to work with their teams to write action plans in response to the staff survey results. In addition to this, the ICB has a Staff Engagement group that has been running since January 2022 and this group will be engaged with developing an action plan along with all other staff network chairs.</p> <p>The ICB has several staff networks including LGBTQ+, Diversity, Women, Positive Ways to Wellness (a peer support group for staff with long terms conditions) and a number of staff champion groups which include Wellbeing, Freedom to Speak up and Mental Health First Aiders.</p> <p>75% of ICB staff say that they are satisfied with the opportunities for flexible working again above the national average of 68%.</p> <p>The ICB is also a partner member in a system Staff Experience and Wellbeing Group and an Equality Diversity and Inclusion Group looking at key themes such as health and wellbeing, engagement, diversity, and inclusion and sharing best practice. Together we will build on these themes and actions for the 2023/24 survey, supporting the development of organisational planning in response to the survey and giving the opportunity to staff to shape</p>		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>this plan.</p> <p>There are regular all-staff briefings to communicate key messages, as well as operational updates and regular updates on system priorities.</p> <p>The ICB has recently launched its values which were created by 250 ICB staff and reaffirmed its vision, mission and values post the restructure.</p> <p>The ICB has created a 3 Phase Organisational Development Plan which clearly outlines the many opportunities for staff to get involved in making this a great place to work and an employer of choice, continuing to build on the ICS commitment spelt out below.</p> <p><i>“We will adopt a ‘one workforce’ approach, making people feel more valued, empowered, developed, and respected to support recruitment and retention”</i></p> <p><i>Commitment from ICS partner made during Integrated Care Partnership Strategy design.</i></p> <p>Only 28% of staff would recommend our ICB as a place to work which is well below the national average of 52% but this was against a backdrop of significantly impactful organisational change. However, in terms of attraction rates the ICB is very attractive in the recruitment market showing high levels of interest by high calibre applicants.</p> <p>Alongside this, the ICB has reviewed its recruitment practices to make them values based and inclusive. This is part of a new ICB People Management Strategy which looks at all elements of people management throughout the employees’ journey from start to finish.</p>		
<p>2C: Staff have access to independent support and advice when</p>	<p>There is a Freedom to Speak Up Guardian in post for the ICB and we are refreshing our offer for staff in terms of Freedom to Speak Up Champions and Contact Officers.</p> <p>We are contacting existing Mental Health First Aiders with a view to relaunching this offer to staff and provide support and training to existing and new MHFA.</p>	<p>2</p>	<p>HR</p>

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>An Employee Assistance Programme (EAP) is also available to all staff and provides independent support and advice. There is also Occupational Health support available.</p> <p>The ICB also has a staff engagement group where concerns can be raised as well as being able to access several staff networks as well as Trade Unions.</p> <p>Update 2023/24</p> <p>The ICB as required by a national directive adopted and published a new Freedom to Speak up (FTSUP) /Whistleblowing Policy.</p> <p>The ICB has a FTSU Guardian, 2 Senior FTSU Officers and FTSU Champions. The ICB has adopted the national FTSU Policy and is receiving disclosures from ICB and Primary Care Staff. Staff who disclose information are offered wellbeing support and anonymity is protected. The ICB HR Team meet regularly with the FTSU Champions to discuss promotion and embedding of this policy and the FTSU Guardian reports high level themes to the ICB Board.</p> <p>The FTSUP Policy contains comprehensive support for staff who may make a disclosure, as well as support via Occupational Health and the Employee Assistance Programme.</p>		
<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>According to the 2021 NHS Staff Survey, 60% of staff would recommend the organisation as a place to work and the data doesn't show that there are any staff groups where this score significantly deviates from the average.</p> <p>The ICB is committed to ensuring an excellent health and wellbeing offer for staff and fostering an inclusive organisational culture where staff feel supported. The organisation also uses sickness & absence and exit interview data inform interventions to retain staff.</p> <p>Update 2023/24</p>	0	HR

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>Only 28% of staff would currently recommend our ICB as a place to work which is well below the national average of 52% and a significant reduction on last year's survey results but this was against a backdrop of significantly impactful organisational change. However, in terms of attraction rates the ICB is very attractive in the recruitment market showing high levels of interest by high calibre applicants.</p> <p>Alongside this, the ICB has reviewed its recruitment practices to make them values based and inclusive. This is part of a new ICB People Management Strategy which looks at all elements of people management throughout the employees' journey from start to finish.</p>		
Domain 2: Workforce health and well-being		6	

Domain 3: Inclusive Leadership 2023/24

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<p>There was Board development session specifically focusing on equality, diversity and inclusion on 8th February 2023 and the ICB will be rolling out a programme of EDI training for all staff during 2023/24.</p> <p>All Executive members of the ICB will also be taking part in the reciprocal mentoring for inclusion programme.</p> <p>The ICB also held an Anti-Racist strategy engagement event on 1st November 2022, which resulted in the following actions for the ICB Board: 1. Listening to lived experiences as part of agenda 2. quarterly EDI item on agenda 3. communicating EDI board member objectives to wider staff</p> <p>MSE ICB is also committed to the delivery of the ICS Equality, Diversity, and Inclusion framework.</p> <p>In depth discussion held with Board members regarding the work on service harmonisation and how equality and health inequality impact assessments were conducted and acted upon.</p> <p>Update 2023/24</p> <p>In November 2023 the ICB Board met to review the National ED&I High Impact Framework which requires improvement evidence against 6 prescribed areas.</p> <p>Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.</p> <p>Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.</p>	<p>2</p>	<p>HR / Corporate Team</p>

Outcome	Evidence	Rating	Owner (Dept/Lead)
	<p>Develop and implement an improvement plan to eliminate pay gaps.</p> <p>Develop and implement an improvement plan to address health inequalities within the workforce.</p> <p>Implement a comprehensive induction, onboarding, and development programme for internationally recruited staff.</p> <p>Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.</p> <p>The ICB is working internally and with partners to create a comprehensive data set to evidence our progress both as a system and as an ICB. The system ED&I Group is an opportunity to share best practice and to hold each other to account for delivery. In March this year (2024) the People Board undertook a deep dive into the inclusion data we have as a system as well as creating space to understand the lived experience of those staff that have protected characteristics acknowledging the intersectionality of all staff.</p> <p>The ICB has developed a WRES report and action plans that staff have had the opportunity to contribute to and will work on the WDES report and action plan in 2024. These will be regularly monitored to ensure progress against agreed objectives.</p> <p>The ICB has also prepared a Pay Gender Gap Report which shows that both the ICB and the NHS as a whole still has a bias in the totality of what men and women earn.</p> <p>Progress against these plans is driven and monitored by the ICB Inclusion and Belonging Steering Group, which is Chaired by the Executive Chief Nursing Officer.</p> <p>The ICB Executive Team last year participated in the MSE reciprocal mentoring for inclusion programme through the NHS Leadership academy, a commitment that was been made by the Executive teams from across the system. This scheme is being refreshed and relaunched in 2024/25.</p>		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	ED&I has also been a focus for the Line Manager's Learning Network development sessions.		
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<p>All Board / Committee cover papers require staff to assess and comment upon how the topic impacts on equality and health inequalities where appropriate.</p> <p>Equality and Health inequality impact assessments are completed for all projects and are signed off at the appropriate level where required (e.g., service harmonisation).</p> <p>Each policy has an Equality Impact Assessment.</p> <p>Equality and health inequalities are discussed specifically at the Board in relation to addressing health inequalities and HR high impact actions.</p> <p>BME staff risk assessments are completed.</p>	2	Corporate Team
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and	<p>Our ICB appraisal process (specifically for Band 9 and VSM) asks staff to commit to demonstrating the ICB values, one of which is working and leading with compassion and respect, which gives a framework to use to discuss performance against these areas.</p> <p>There is also a robust performance management policy in place.</p> <p>As a developing organisation, implementation of and reporting on WRES, WDES, Equality and Health Inequality Impact Assessments, Gender Pay Gap, Accessible Information Standards and EDS2 are in place with plans for further development.</p> <p>The Executive Chief People Officer has overarching responsibility for delivering this and being accountable to the Board, and when complete will ensure these are report to the</p>	1	HR / Corporate Team

Outcome	Evidence	Rating	Owner (Dept/Lead)
patients	Board and acted upon.		
Domain 3: Inclusive Leadership		5	

Overall EDS Score for 2023/24

EDS Organisation Rating (overall rating): 19 - Developing
Organisation name(s): Mid and South Essex Integrated Care Board
<p>Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped</p> <p>Those who score between 8 and 21, adding all outcome scores in all domains, are rated Developing</p> <p>Those who score between 22 and 32, adding all outcome scores in all domains, are rated Achieving</p> <p>Those who score 33, adding all outcome scores in all domains, are rated Excelling</p>

EDS Action Plan 2023/24

EDS Lead	Dr Sophia Morris, System Clinical Lead of Health Inequalities	Year(s) active	0
EDS Sponsor	Dr Giles Thorpe, Executive Chief Nursing Officer	Authorisation Date	July 2023

Domain 1: Commissioned or provided services 2023/24 Action Plan

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	Ensure information on what services are available, in which localities, and how to refer into them is publicly and easily available.	<p>Include availability and referral information into communications and marketing plan 2024</p> <p>Obtain information from care unit Quality and Safety meetings on how individuals refer into services</p> <p>iWGC reporting and training manager to understand point of access and referral systems into services. Infographics to be designed from this where appropriate.</p> <p>Self-Refer, Access services Via GP's, Access to specialist services</p>	October 2024
1A continued	All patients have required levels of service and access to services regardless of circumstances	<p>Accessible information standards</p> <p>Reasonable adjustment card implementation for people with Learning Disability</p>	Ongoing and March 2024

Outcome	Objective	Action	Completion date
		<p>Hospital passport for patients.</p> <p>Carers Passport - Paper and Online versions already in place.</p>	
1B: Individual patients (service users) health needs are met	Ensure patient needs are consistently being assessed/reviewed with patient, carers and family members to allow for any changes or updates.	Work with AD of Transformation to ensure/understand when review intervals are built into/happen within new proposed care plans. This will ensure patient need is consistently being revisited and updated accordingly.	October 2024
1B continued	Ensuring correct pathway of care for specific needs	Continue to provide individual needs assessment, risk assessment, audit, ongoing development in response to needs and feedback.	Ongoing
1C: When patients (service users) use the service, they are free from harm	Increase scope and utilisation of Patient Safety Partner role across organisation.	<p>Increase ward/site visits diarised for PSPs.</p> <p>Include PSPs on care unit Quality and Safety care unit Meetings.</p> <p>Work with Colleague Safety Consultant to understand.</p> <p>themes and trends related to safety reported on DATIX.</p> <p>Patient Experience Team to attend PSP meetings to build suitable actions from themes and trends off</p>	October 2024

Outcome	Objective	Action	Completion date
		DATIX is built into overall delivery plan for PSP's.	
1C continued	All patients are free from harm when they utilise our services	Monitor governance processes and outcomes and maintain current good practice. Learning from incidents and complaints and responding to these in a timely and effective manner.	Ongoing
1D: Patients (service users) report positive experiences of the service	Ensure every service within EPUT is using iWGC as the recognised patient feedback service.	iWGC reporting and training manager to gather information on every service that is not using iWGC and complete targeted interventions to upskill and train staff on utilising iWGC at every opportunity.	October 2024
1D continued	Positive experiences for all service users	Embed Friends and family test and work in collaboration with governance colleagues, utilise Healthwatch best practice, 15 steps MNVP. Continue and develop friends and family services, PAL's complaints through thematic analysis, working to address CQC Survey feedback.	Ongoing

Domain 2: Workforce health and well-being 2023/24 Action Plan

Outcome	Objective	Action	Completion date
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Increase awareness of staff support available through networks and also targeting some interventions through the results of the wellbeing survey.	<ul style="list-style-type: none"> Wellbeing champions to plan schedule of events and interventions for 2024, including planning targeted monitoring of the health of those with protected characteristics and targeted interventions to encourage self-care amongst those with long term conditions. Analyse sickness absence data to improve targeted interventions to address top causes of sickness absence. Develop how the reach and impact of these interventions will be measured. 	September 2024 and ongoing
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To devise and agree a staff behavioural code in line with ICB values.	Behavioural code devised from values engagement work and shared with SEG and wider staff, also reflected in WRES action plan.	May 2024
2B continued	Deliver cultural awareness and microaggression training.	Commission training as part of EDI procurement, also reflected in WRES action plan	May 2024
2C: Staff have access to independent	Refresh and relaunch staff support offers and expand oversight of reporting on EDI.	<ul style="list-style-type: none"> Quarterly reporting of exit interview data to ICB Exec group. This data can be broken down by 	Ongoing

Outcome	Objective	Action	Completion date
support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source		<p>protected characteristics where this information has been reported by staff and therefore enable us to identify and act upon any issues for any groups of staff.</p> <ul style="list-style-type: none"> Inclusion and Belonging Steering Group meets monthly to have oversight of data and monitor progress of action plans, as well as listening to and acting upon information from staff networks 	
2D: Staff recommend the organisation as a place to work and receive treatment	Improving staff experience	Implementing actions as a result of WRES data, Gender Pay Gap data, as well as implementation of the ICB organisational development plan should result in an improvement in this metric. In addition, a period of organisational stability for the ICB should also improve this metric.	Ongoing

Domain 3: Inclusive Leadership 2023/24 Action Plan

Outcome	Objective	Rating	Owner (Dept/Lead)
3A: Board members, system leaders	Regular Board agenda items around EDI	To be discussed and agreed with Board.	Ongoing

Outcome	Objective	Rating	Owner (Dept/Lead)
(Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	To commit to the RMFI programme and learning from this.	To participate in the Reciprocal mentoring Programme and share and implement learning.	Carried forward for refresh in 23/24
	To commit to the delivery of the ICS EDI framework	<ul style="list-style-type: none"> To deliver the outcomes of the ICS EDI framework in particular around the culture and leadership element of the framework. Board Reporting on compliance and implementation of WDES, EHIIAs, Gender Pay Gap, AIS, PCREF and EDS2, by the Executive Chief People Officer. 	Ongoing
3B: Board/Committee papers (including minutes) identify equality and health inequalities	No further actions identified		

Outcome	Objective	Rating	Owner (Dept/Lead)
related impacts and risks and how they will be mitigated and managed			
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Board members conversant with and act upon relevant EDI tools.	<ul style="list-style-type: none"> • Complete WRES and WDES reporting and associate action plan. • Complete EDI reporting on Gender Pay Gap, AIS, PCREF. • Board members and system leaders to support the delivery of these reports and action plans and retain oversight of progress against these plans. Further action plans will be established with clear leadership identified when the EDI framework has been delivered. 	Ongoing

Glossary:

ACP	Advanced Clinical Practitioner
AIS	Accessible Information Standard
BME	Black and Minority Ethnic
CIWA	Clinical Institute Withdrawal Assessment for Alcohol
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
COWS	Clinical Opiate Withdrawal Scale
CQC	Care Quality Commission
CYP	Children and Young People
DASS	Dementia Assessment and Support Service
DNA	Did not attend
ECG	Electrocardiogram
ECP	Emergency Care Practitioner
EDI	Equality, Diversity and Inclusion
EHIA	Equality and Health Inequalities Impact Assessment
HR	Human Resources
ICB	Integrated Care Board
ICS	Integrated Care System
IWGC	I Want Great Care
LD	Learning Disabilities
LEA	Lived Experience Ambassador
LeDeR	Learning from lives and deaths - people with a learning disability and autistic people
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer
MNVP	Maternity and NeoNatal Voices Partnership
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service

NHSE	NHS England
PALS	Patient Advice and Liaison Service
PCN	Primary Care Network
PCREF	Patient and Carer Race Equality Framework
PHM	Population Health Management
PPC	People Participation Committee
PSIRG	Patient Safety Incident Response Group
PSP	Patient Safety Partners
Q&A	Question and Answer
RMFI	Reciprocal Mentoring for Inclusion
SAVS	Southend Council for Voluntary Services
SEG	Staff Engagement Group
SMI	Serious Mental Illness
TTC	Time To Care
VCFE SAVS	Voluntary Community Faith and Social Enterprise
VCSFE	Voluntary and Community, Faith and Social Enterprise
VSM	Very Senior Manager
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

Part I ICB Board meeting, 21 March 2024

Agenda Number: 8

4 Hour Emergency Department & Category 2 Ambulance Handover Standards

Summary Report

1. Purpose of Report

To provide the Board with an overview of performance 4 Hour Emergency Department and Category 2 Ambulance Handover Standards for Quarter 4 of 2023/24.

2. Executive Lead

Emily Hough, Executive Director, Strategy & Corporate Services

3. Report Author

Samantha Goldberg, Urgent Emergency Care System Director

4. Responsible Committees

Urgent Emergency Care Transformation & Improvement Meeting – 1 March 2024

MSE ISC Chief Executive Officers – 4 March 2024

MSE ICB Executive Meeting – 5 March 2024

5. Impact Assessments

Not applicable to this report.

6. Financial Implications

Not applicable to this report.

7. Details of patient or public engagement or consultation

Not applicable to this report.

8. Conflicts of Interest

None identified.

9. Recommendation(s)

The Board is asked to note the February and current month to date (March 2024) position regarding the delivery against the access targets for the Emergency Department patients seen, treated, discharged or admitted in 4 hours, and category 2 ambulances handed over in under 30 minutes.

4 Hour Emergency Department & Category 2 Ambulance Handover Standards

1. Introduction

The Urgent and Emergency Care Recovery Plan, published in January 2023, is centred around two key deliverables for 2023/2024:

- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.
- Patients being seen more quickly in Emergency Departments, with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.

Mid & South Essex Chief Executives have committed to improve performance and endeavour to the delivery of the two March 2024 targets.

2. Findings/Conclusion

Category 2 Ambulance Handover Standard

There has been an improvement in ambulance handovers <30 minutes since January 2024:

- January – Performance of 77.01%, with a 4.91% improvement from December 2023
- February – Performance of 83.15%, with a 6.14% improvement from January 2024
- March month to date, up to 11 March 2024 – Performance of 84.78%, with a 1.63% improvement month to date.

4 Hour Emergency Department Standard

There has been an improvement in patients being admitted, transferred, or discharged within four hours by March 2024 since January 2024:

- January – Performance of 67.4%, with a 2.2% improvement from December 2023
- February – Performance of 67.89%, with a 0.75% improvement from January 2024
- March month to date, up to 11 March 2024 – Performance of 71.68%, with a 3.79% improvement month to date.

There are specific improvement deliverables that are being undertaken by each of the hospital sites within Mid & South Essex Foundation Trust to contribute towards delivering the performance standards in March 2024. However, to date there have been challenges with infection prevention control at Basildon and Southend hospitals due to norovirus which has resulted in the closure of a number of wards and empty beds being unoccupied.

3. Recommendation

The Board is asked to note the February and March 2024 to-date position regarding the delivery against the access targets for category 2 ambulances handovers in under 30 minutes, and the Emergency Department patients seen, treated, discharged or admitted in 4 hours.



Mid and South Essex
Integrated Care
System



Mid and South Essex

2023/24 Quarter 4 4 Hour Emergency Department & Category 2 Ambulance Handover Standards

Version 6
11 March 2024

Overview & Aims

The Urgent and Emergency Care Recovery Plan, published in January 2023, is centred around two key deliverables for 2023/2024.

- Patients being seen more quickly in Emergency Departments, with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

The delivery of the two March 2024 targets were committed to by Mid & South Essex Chief Executives with the National team in November 2023.



Mid and South Essex
Integrated Care
System



Mid and South Essex

4 Hour Emergency Department Trajectory & Deliverables

4 Hour Emergency Department Trajectory

Urgent and Emergency Care Improvement Programme Care Groups and System Pillars workstreams have identified improvement initiatives and schemes commenced throughout February for full realisation benefits in March 2024, which underpin the improvement in Emergency Department performance from the current position of 66.96% to 76% performance. In January, a 2.2% improvement was delivered, and 0.75% improvement in February.

Basildon

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Trajectory	65%	66%	67%	68%	69%	70%	73%	73%	74%	71%	84%	84%
Actual	66.03%	66.95%	67.80%	71.88%	68.28%	68.73%	70.90%	70.49%	69.32%	70.37%	70.36%	73.18%

Broomfield

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Trajectory	65%	66%	67%	68%	69%	70%	73%	73%	74%	67%	77%	77%
Actual	76.61%	76.97%	73.64%	73.79%	67.45%	67.37%	68.69%	67.19%	67.23%	68.83%	68.02%	76.35%

Southend

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Trajectory	65%	66%	67%	68%	69%	70%	73%	73%	74%	60%	67%	67%
Actual	61.21%	59.75%	60.07%	66.66%	64.79%	63.26%	57.75%	58.36%	57.13%	61.34%	64.78%	64.77%

MSE

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Trajectory	65%	66%	67%	68%	69%	70%	73%	73%	74%	66%	76%	76%
Actual	68.18%	68.19%	67.45%	70.95%	66.93%	66.60%	66.14%	65.77%	64.94%	67.14%	67.89%	71.68%

-4.32% performance delivery against 76% target

Month to day position inclusion until 11/03/24

4 Hour Emergency Department Deliverables

Hospital Site	Improvement	Notes	Impact	Mar-24
Basildon	Surgical Admission Pathways	Support direct access to SRU/SACU for surgical referrals - 10x breach reduction per day Commence 28/02/24	2%	73%
	Trauma and Orthopaedic Pathways	High proportion of non-admitted breaches are related to T&O patients waiting in Minors - exploring alternative pathways - 6x breach reduction per day	1.50%	74.50%
	Reinvigorate CDU Pathways	Increase CDU throughput - 5x breach reduction per day	1.30%	75.80%
	Department reconfiguration	Work commenced to maximise efficient use of all capacity, including ringfenced capacity for non-admitted patients - 5x breach reduction per day	1.30%	77.10%
	Paediatric breach avoidance	Large number of non admitted paediatric minors breaches - 10x breach reduction per day	3%	80.10%
	Real time monitoring of breaches and >30 ambulance delays	Improved visibility of current ED performance to enable immediate action. Real time check/challenge - 5x breach reduction per day	1.30%	81.40%
	Review of breach validation process	Ensure any inaccurate breaches are appropriately validated off according to SOP - 4x breach reduction per day	1%	82.40%
	NEW Breach validation process	Commenced the clinically led breach validation process, with previous say commentary in patients notes validated against the Breach Validation SOP.	TBC	TBC
	NEW ED Professional Standard	Relaunch of the Emergency Department professional standards to reiterate the standards and monitor compliance against these as patient flow has commenced across the hospital.	TBC	TBC
	NEW Visible activity screens	TV screens visible in the Emergency Department for visible oversight of department waits, numbers in the Department, breaches and performance by stream. Screens visible from 08/03/24	TBC	TBC
Total			11%	82.40%
Broomfield	Non admitted pathway	Senior clinical leadership oversight on the non-admitted pathways to improve the volume of patients seen, treated and discharges within 4-hours	10%	78%
	* NEW * Stroke Ambulatory Pathway	Scheme being worked through with identified space and percentage opportunity to reduce breaches. Supporting the decongestion of the ED - Start date to be agreed	TBC	TBC
	* NEW * Surgical Ambulatory Pathway	Scheme being worked through with identified space and percentage opportunity to reduce breaches. Supporting the decongestion of the ED - Start date to be agreed	TBC	TBC
	NEW UEC Action Plan	New revised UEC improvement plan scheduled for presentation and sign off at Broomfield on 28/02/24	TBC	TBC
Total			10%	78.00%
Southend	GP Referral Patients to SDEC	10 patients a day originating from GP letters to be sent directly to SDEC. Commenced 03/03/24	3.33	65%
	CDU Utilisation Overnight	6 seated ambulatory CDU utilised between hours of 20:00 and 08:00 would save 3 breaches a day based on CDU activity in January	5%	70%
	Weekend Staffing	Extra consultant working a 10:00-22:00 shift on Saturday. Previous shifts worked on 13/01 and 20/01 used as the comparator to previous 6 weeks	1%	71%
	NEW RAT operational	Relaunch the formal RAT process to ensure efficient RAT and patient transferred efficiently and effectively to the next section of the pathway.		
	NEW SAU operational	Direct access from ED Streaming to SAU waiting room for surgical patients who meet the criteria. Reduction in 5 breaches per day. Commence date TBC	1.50%	72.5%
	NEW DAU operational	DAU is no longer bedded capacity and will operate, which will support with flow and breach reduction in the Emergency Department.	1%	73.5%
Total			9.33%	73.50%
Updated as of 06/03/24			Impact	Mar-24
Collective hospital scheme/initiative delivery			30%	77.97%
Slippage			1.92%	92%

Patient Breach Tolerance

Based on the March 2023 activity per hospital sites there is a maximum of 258 breaches to deliver the 76% performance, which will be monitored daily and throughout the day by the System Co-ordination Centre with the acute hospital site Director of Operations.

The month to date performance will be managed daily to ensure that where there is variation in activity the breach tolerance is flexed in line with the activity. Therefore, as of 12 March 2024 the maximum daily breach tolerance has reduced in line with performance to 204 breaches per day.

Hospital Site	Breaches & Performance	01-Mar-24	02-Mar-24	03-Mar-24	Week 1	04-Mar-24	05-Mar-24	06-Mar-24	07-Mar-24	08-Mar-24	09-Mar-24	10-Mar-24	Week 2	11-Mar-24	12-Mar-24	13-Mar-24	14-Mar-24	15-Mar-24	16-Mar-24	17-Mar-24	Week 3	18-Mar-24	19-Mar-24	20-Mar-24	21-Mar-24	22-Mar-24	23-Mar-24	24-Mar-24	Week 4	25-Mar-24	26-Mar-24	27-Mar-24	28-Mar-24	29-Mar-24	30-Mar-24	31-Mar-24	Week 5	
Basildon	Maximum daily breaches	93	87	88	268	93	110	97	69	65	66	60	459	68	39	39	39	39	39	39	303	39	39	39	39	39	39	39	274	39	39	39	39	39	39	39	274	
	Actual breaches	93	99	54	246	80	151	144	146	111	140	91	863	75																								
	Performance	76%	73%	85%	78%	79%	77%	64%	66%	73%	66%	76%	70%	82%																								
Broomfield	Maximum daily breaches	89	85	78	253	108	88	94	87	87	87	87	638	93	84	84	84	84	84	84	595	84	84	84	84	84	84	84	585	84	84	84	84	84	84	84	585	
	Actual breaches	93	82	94	269	104	83	123	85	140	63	18	616	78																								
	Performance	75%	77%	71%	74%	77%	77%	69%	75%	63%	82%	95%	74%	81%																								
Southend	Maximum daily breaches	75	73	79	227	93	93	84	66	66	66	66	536	105	81	81	81	81	81	81	590	81	81	81	81	81	81	81	567	81	81	81	81	81	81	81	567	
	Actual breaches	100	124	135	359	114	172	104	139	112	93	114	848	100																								
	Performance	68%	59%	59%	62%	71%	56%	70%	60%	65%	69%	62%	65%	72%																								
MSEFT	Maximum daily breaches	258	245	245	748	293	292	274	246	246	246	246	1843	267	204	204	204	204	204	204	1489	204	204	204	204	204	204	204	1426	204	204	204	204	204	204	204	1426	
	Actual breaches	286	305	283	874	298	406	371	370	363	296	223	2327	253																								
	Performance	73%	70%	72%	72%	76%	67%	68%	68%	67%	72%	78%	70%	79%																								



Category 2 Ambulance Handover Standard Trajectory & Deliverables

Category 2 Ambulance Handover Trajectory

There has been an improvement in ambulance handovers <30 minutes during the month of January 2024 by 4.91%, with further improvement in February by 6.14%. The improvement has been driven by collaborative working from system partners with interventions and schemes, and increased escalation process.

Basildon

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Trajectory	71%	73%	76%	79%	83%	87%	90%	90%	90%	90%	90%	90%
Actual	71.61%	75.98%	80.16%	86.43%	82.12%	89.49%	78.95%	84.90%	73.75%	75.15%	86.59%	81.08%

Broomfield

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Trajectory	88%	90%	92%	95%	95%	87%	90%	90%	90%	90%	90%	90%
Actual	88.51%	91.87%	88.08%	85.48%	78.07%	78.68%	76.06%	74.65%	72.95%	83.26%	80.53%	88.20%

Southend

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Trajectory	75%	81%	86%	91%	95%	87%	90%	90%	90%	90%	90%	90%
Actual	75.76%	67.27%	63.38%	69.47%	81.70%	86.99%	72.56%	77.93%	69.70%	72.62%	82.71%	84.72%

MSE

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Trajectory	78%	82%	85%	89%	92%	87%	90%	90%	90%	90%	90%	90%
Actual	78.69%	78.62%	77.04%	80.15%	80.61%	84.87%	75.71%	78.94%	72.10%	77.01%	83.15%	84.78%

-5.22% performance delivery against 90% target

Category 2 Ambulance Handover Standard Deliverables

Attendance avoidance to ambulance conveyances to the Emergency Department:

- Implementation of the Unscheduled Care Co-ordination Centre to support and educate crews and redirect to suitable alternative pathways or retain at home.
- EEAST referring appropriate cases to Urgent Community Response Team via the cleric portal.
- Following the soft opening of the Mental Health Urgent Care Department, now accepting crews from all MSE localities as of December rather than just Basildon.

Ambulance Management at MSEFT

- 'Drop and go' to release a crew to respond urgently in the community.
- Ambulance cohorting capacity.
- Senior decision maker in Ambulance Rapid Assessment and Treatment (RAT)
- Ambulance mutual aid (divert) across MSEFT.
- Implementation of the Full Capacity Protocol daily from 8.00 am.

For quarter 4:

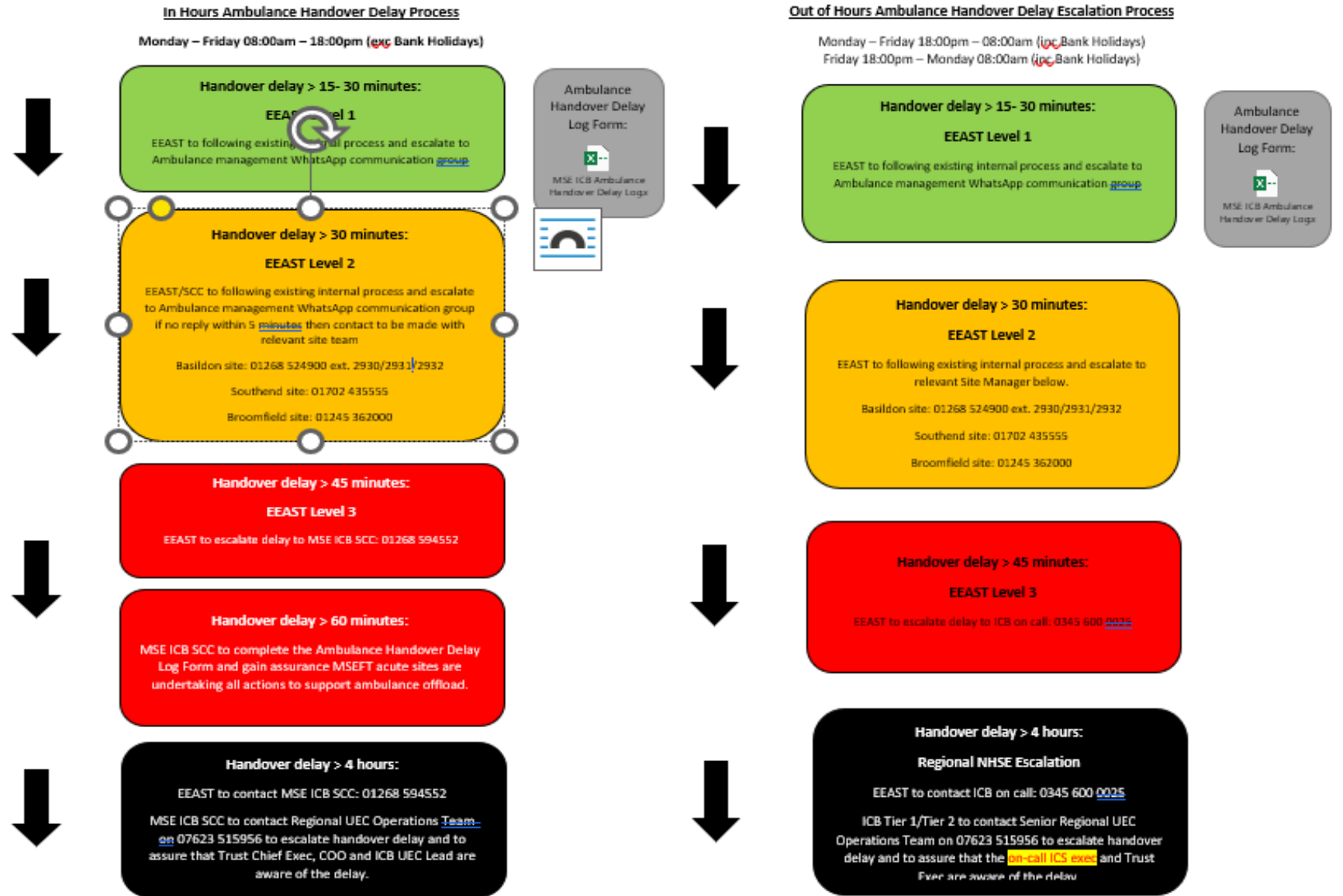
- Increase in pushing appropriate demand from the Emergency Departments to the Same Day Emergency Care Unit.
- Strengthened senior decision makers at the weekend.
- Improve discharge planning, 24 hours forward planning of discharges to improve early morning flow.
- Integrated Care Team working 7 days a week to support flow and length of stay reduction. Complex discharges less of a weekend due to 5-day service provision.
- Increasing referrals to the community virtual wards

System Ambulance Handover Delay Escalation Process

System co-ordinated approach to managing ambulance handover delays 24 hour, 7 days a week. Escalation policy followed, escalates according to regional guidance at 30, 45, & 60 minutes handover delay.

Escalation process from EEAST and the Emergency Departments into SCC, and organisational local Management and Chief Executives.

Capacity escalation meetings every three hours through the day at each of the hospitals at 9am, 12noon, 2pm, 4pm, 10pm, and across the System at 10am and 5.30pm.





Risk to Delivering Emergency Department & Ambulance Handover Targets

Risks Identified

Potential risks identified to the delivery of the non-delivery of 76% of patients being admitted, transferred, or discharged within four hours, and category 2 incidents to 30 minutes by March 2024:

- Continuation of Industrial action impacting on workforce availability and fatigue.
- Increase COVID and flu rate could impact demand and staff availability.
- Ambulance diverts across MSEFT hospitals increasing length of stay and discharge patient transport challenges due to increase journey times.
- Emergency Department leadership, systems and processes within Southend Hospital.
- Building works within the Emergency Department at Southend hospital.
- Ability to operate Same Day Emergency Care (SDEC) and the maximum level as at times utilised for escalation bed capacity.



Five Priority Emergency Department Improvement Initiatives

1. Streaming & Redirection

- Senior decision makers at the Emergency Department front door: Enables the streaming of patients to the correct pathway within the emergency department or same day emergency care unit. This also supports admission avoidance into core acute beds by using alternative pathways with this acute hospital site.
- The Same Day Emergency Care departments are operational 7-days a week at each of the three hospital sites with direct access from the Emergency Department.
- Fit to Sit: East England Ambulance Service Trust HALO role located within each of the hospitals' Emergency Departments work with the Emergency Department Leads; this ensures that patients arriving by ambulance who are deemed fit to sit and assessed as able to sit in the waiting room post triage will be moved there to release the ambulance crew.

Rapid Assessment & Treatment (RAT)

- Senior decision maker in Ambulance Rapid Assessment and Treatment (RAT) providing early senior assessment of patients making competent initial assessment, defining a care plan and making decisions on whether the patient requires admission of referral to an in-taking specialist team.
- Senior decision maker can stream patient to Emergency Department locations or intro SDEC or Fit 2 Sit if appropriate.

Gaps in Service provision:

- Medical model to deliver Emergency and Acute medicine 24 hour a day
 - medical model is poised for implementation in Southend by the spring when the posts now approved are recruited to, which will give cover to 10pm every night and AMU on call thereafter allowing AMU to run the medical take.

Maximising Urgent Treatment Centres

- General Practice service provision co-located with the Emergency Departments.
- Minor Injuries Unit at Orsett with x-ray facilities.

Gaps in Service provision:

- Standardised Urgent Treatment Centres/General Practice service provision in hospital.
- Minor Injuries Unit in Orsett commissioned by MSE, operated by NELFT with performance activity reporting into London region, circa 100 patients per day.

Improving Ambulance Handovers

Ambulance Handover Management

- When the RAT/Ambulance bays are full, this enables the continuation of ambulance offloading. Designated cohorting spaces have been identified for patients and to ensure the safe staffing for this patient cohort is incorporated within the Emergency Department workforce. 'Rapid release spaces' at each of the three hospital sites allow for ambulances to drop and go at the site to release the ambulance to return to support urgent community needs.

Location	Ambulance Capacity	Cohorting Capacity	Rapid Release Capacity	Total
Basildon	3	4	3	10
Broomfield	7	7	2	16
Southend	5	5	2	12
Total	15	16	7	38

Improving Ambulance Handovers.

Avoidable Conveyances

- UCCH: reduce ambulance conveyances to Emergency Department, with an MDT approach at patient level. Through access to this MDT the ambulance crew are supported to alternative appropriate urgent care pathways, i.e., GP, SDEC, UCRT etc. The team have direct links to ambulance control and live visibility of 999 demand, and pro-actively interrogate the ambulance stack for Category 2, 3 & 4 patients; pulling the patient directly from the stack.
- UCRT covers all nine national clinical conditions/needs, including level two falls, with patients seen within the national requirement of 2-hours. Clinicians undertake wound closure using skin adhesive to support with management of minor injuries sustained during a fall, and further service expansion to Intravenous Therapy as a treatment option, this is via collaborative working with the Frailty Virtual Ward and Hospital at Home teams.
- EEAST resources to support the Emergency Clinical Assessment Team, increasing 'hear & treat' preventing conveyance of an ambulance to the patient. Continues to increase 'see and treat' rates through accessing and utilising alternative to emergency department urgent care pathways. Call before convey has been added to the options for EEAST with access to the UCCH. An Advanced Paramedic allocated to support in the community to contribute toward conveyance avoidance to emergency departments and see and treat on scene.
- Ambulance car operational to respond to mental health calls and can directly convey to the Mental Health Urgent Care Department should the patient require mental health support and not presenting with any clinical or medical condition.

Gaps in Service provision:

- MSE System ambulance data management pack in development to determine conveyance avoidable opportunities,

Reducing Time in Department

- Same Day Emergency Care operational 7 days a week with direct streaming from the Emergency Department
- Frailty Assessment Units operational within reach from speciality into the Emergency Department .
- Full Capacity Protocol operational 7 days a week, and activation upon specific triggers met.

Gaps in Service provision:

- Optimisation of SDEC
- 7-day Frailty assessment Units and rightsizing for demographic/demand
- Specialty hot clinics and direct access to refer and stream from the Emergency Department
- Assessment Unit waiting rooms for direct access to refer and stream from the Emergency Department



Mid and South Essex
Integrated Care
System



Mid and South Essex

NHSE Support

NHSE Improvement & Support

- Event scheduled to be hosted by NHSE, focussing on Emergency Department performance improvement. For colleagues based in London and East of England:

Date: 27th February 2024

Time: 0900 -1700

Venue Mary Ward House (27th), 5-7 Tavistock Place, London, WC1H 9SN

Event cancelled by NHSE National team due to Junior Doctor Industrial Action running in parallel

- NHSE National Urgent Emergency Care Improvement Webinars:

NHSE Streaming and redirection webinar

https://nhsengland-my.sharepoint.com/:v:/g/personal/lindsay_samson2_england_nhs_uk/Ee-IUSy96-IEhUSB_BI9BKQBns1T8-zTK7Pu1bzA4lJrsw?referrer=Teams.TEAMS-ELECTRON&referrerScenario=MeetingChicletGetLink.view.view

Streaming and redirection webinar

https://nhsengland-my.sharepoint.com/:v:/g/personal/lindsay_samson2_england_nhs_uk/Ee-IUSy96-IEhUSB_BI9BKQBns1T8-zTK7Pu1bzA4lJrsw?referrer=Teams.TEAMS-ELECTRON&referrerScenario=MeetingChicletGetLink.view.view

Improving Ambulance Handover

https://nhsengland-my.sharepoint.com/:v:/g/personal/chris_morrow-frost_england_nhs_uk1/ETxSq_ywKzFFi5XKo3yJNxIBPfsfoSg0Zc-UyQREe6yW-Q?referrer=Teams.TEAMS-ELECTRON&referrerScenario=MeetingChicletGetLink.view.view

Part I ICB Board Meeting, 21 March 2024

Agenda Number: 9

Chief Executive's Report

Summary Report

1. Purpose of Report

To provide the Board with an update from the Interim Chief Executive of key issues, progress, priorities, and the work of the Executive Committee.

2. Executive Lead

Tracy Dowling, Interim Chief Executive Officer.

3. Report Author

Tracy Dowling, Interim Chief Executive Officer.

4. Responsible Committees / Impact Assessments / Financial Implications / Engagement

Not applicable

5. Conflicts of Interest

None identified.

6. Recommendation(s)

The Board is asked to note the current position regarding the update from the Interim Chief Executive and to note the work undertaken and decisions made by the Executive Committee.

Chief Executive's Report

1 Introduction

This report provides the Board with an update from the Interim Chief Executive covering key issues, progress and priorities since the last update received on 18 January 2024; alongside an update on the work of and decisions made by the Executive Committee.

2 Main content of Report

Key activities undertaken over the last two months:

Over the last two months I have continued to visit services and to meet with key partners across Mid and South Essex.

2.1 Cancer Services:

I had the pleasure of meeting with our cancer stewards (clinical leaders) and then followed this up with a visit to Southend Hospital on 31 January where the Consultant Oncologist, escorted me around the site to see the diagnostic facilities, radiotherapy provision and the chemotherapy and aseptic preparation services. I also visited the oncology ward and spoke to many staff, clinical and administrative. Making sustainable improvements to our cancer services is a shared high priority and the level of ambition is high. It is expected that a joint cancer strategy and cancer improvement plan will be developed over the next few months to set out how these improvements will be delivered in the trust and across the Integrated Care System (ICS).

2.2 Mental Health Services:

On 9 February, I visited the Linden Centre in Chelmsford with the Integrated Care Board (ICB) Executive Chief Nursing Officer. We visited the Topaz and Galleywood wards and discussed the new models of in-patient care being developed across Essex Partnership University Hospitals NHS Foundation Trust (EPUT). We were impressed by the investments in innovative technologies to support safety, the adoption of leading-edge models of in-patient care focussed on recovery and the clear commitment to design services with patients and their carers.

On 29 February, we also held a celebration event for the Mental Health Support Teams in place in schools across the ICS. This 5-year programme of development is now mature and very well embedded supporting our young people at a time when so many struggle with their mental health and mental wellbeing.

2.3 Community Services Consultation:

The ICB is in the process of conducting a public consultation on the future of community services. We are seeking views and ideas on our proposals for future arrangements for inpatient services at our community hospitals, freestanding midwife-led birthing, and other patient services provided at St Peter's Hospital, Maldon. The consultation commenced on 25 January 2024 and runs until 21 March 2024.

The proposals we are asking people to consider are:

- Potential changes to the places where we provide some community hospital intermediate care and stroke rehabilitation services.
- Making permanent the temporary move of the freestanding midwife-led birthing unit from St Peter's Hospital, Maldon to the William Julien Courtauld Unit at St Michael's, Braintree.
- The possibility of moving all other patient services at St Peter's Hospital, Maldon to other locations, mostly in and around Maldon.

We have held a number of public meetings, drop in sessions and the link: [Proposed changes to services at local community hospitals | MSE Virtual Views \(ics.nhs.uk\)](https://ics.nhs.uk) can be used to find out more and to respond to the consultation.

Following the consultation period, we will reflect on the feedback and then a decision-making business case will be developed and presented to the ICB Board for decision.

2.4 Meetings with partners:

I have begun to meet with local Councillors and MPs over the last two months. The emerging themes from these meetings relate to the following:

- Need for clear data that reflects health and care outcomes across the County of Essex – i.e., across the three ICBs that cover the area – this is known as 'one version of the truth'.
- Development of primary care estate and improvements in access to GPs – especially in areas of housing development.
- Dental services and access to dentists.
- Cancer services and elective service wait times.

In respect of developing the primary care estate, the regulations regarding district valuer valuations for rental reimbursement, and the gap between these values and the rental that property developers are seeking, is currently preventing business cases for several priority developments from progressing. The ICB receives a very limited capital allocation for primary care estate development each year. Section 106 funding also contributes, but this is at levels which are usually an extremely small proportion of total build costs.

2.5 National plan to recover and reform NHS dentistry.

On 7 February 2024 NHS England (NHSE) published a joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry. The changes announced seek to build on the first reforms to the dental contract in 15 years that were announced in July 2022. We are in the process of implementing the new patient premium which should increase access to NHS dentists for new patients; we are also progressing with our existing dental access pilot and care home dental access project. We expect to receive further detail on the initiatives in the NHSE / DHSC dental plan in the near future.

3 Priorities for the ICS

3.1 To develop the maturity of the Integrated Care Board

Since the last Board meeting, we held several Board seminars including one on 15 February focused on safeguarding and systems approaches to learning from patient safety incidents; and on 28 February exploring approaches to developing strategy. We heard from NHS England Director of Innovation; an ICB Non-Executive Member regarding new approaches to delivering eye services and addressing eye health inequalities; and from a Chelmsford GP who has transformed access in his 32,000-patient practice by using technology to triage every patient contact with the practice – and remove the 8am phone call ‘rush’.

We have also developed our monthly staff briefing forum and recently shared the ICB organisational development plan. Additionally, we welcome our new Director of the South East Essex Alliance.

3.2 To ensure an ICS wide coordinated and evidence-based response to the planning guidance for 2024-25.

We are in the midst of the planning process and the financial position across the ICS is extremely challenging. We are therefore in receipt of regional and national support and oversight to help us to develop a stretching, yet realistic financial and activity delivery plan for 2024-25. This year is the first year of our system recovery plan, and as such will require significant attention to develop and then deliver the actions to get the ICS and each provider within the ICS back to a financially balanced position – in ways which are consistent with delivery of high-quality care that consistently meets the required performance standards. The impact of the need to commission and deliver services within the resources made available to us will mean scrutiny of every service and delivery of cost releasing efficiency savings from every service. As the detail of the operational delivery plan is finalised the plan will be brought to the Board for approval.

I was pleased to welcome our new System Recovery Director on 4 March 2024. This role is a joint appointment between the ICB and Mid and South Essex NHS Foundation Trust. The System Recovery Director will take the lead on developing and overseeing delivery of the system recovery plan. It is essential that he receives full support for the identification and delivery of the changes necessary to shift the use of resources in the Trust and across the system to a position that is sustainable.

3.3 To ensure that the ICS delivers the improvements to urgent care, cancer, elective care, and mental health services in line with improvement trajectories set by NHS England.

At the time of writing the report, the focus is on achieving the following performance in March 2024:

- Minimum 76% A&E 4 hour wait time – daily breach analysis and regional and national oversight daily.
- Meet category 2 ambulance handover times.
- No more than 71 over 78 week waits at the end of March 2024 (in DIEP and oral surgery only as national capacity constraints)

- Meet trajectory for clearing the backlog of over 62-day cancer waits from diagnosis to treatment.
- Meet Faster Diagnosis Standard for 75% of patients by end March 2024.
- Reduce the number of over 52 week waits for elective care.

There are improvements in all areas. However, to meet each of these standards in March presents a significant step change in performance, however all staff are focussed on doing their utmost to deliver these standards for our patients.

3.4 To develop ICS wide systems of assurance, delivery, partnership, and risk management to enable the ICB to undertake its role as system convenor and ultimate accountable NHS organisation.

There is currently work underway to evaluate the effectiveness of the board assurance processes and approaches to risk management. There is also work in progress, led by the Executive Director of Strategy and Corporate Services, to develop the work of the Integrated Care Partnership (ICP). In addition, we are undertaking Board development activities regarding how we use data and evidence for assurance and assessment of delivery, with a seminar on 'Making Data Count'.

3.5 To ensure that the Mid and South Essex Alliances, working with partners in primary care and in our communities, continue to address health inequalities and impact positively on the health of their populations.

Each of the Alliances continue to develop exciting and innovative approaches to meeting the needs of their communities. Our integrated neighbourhood teams and transfer of care hubs are maturing and developing strongly. The Alliance committees are now reporting to the Executive Committee, and it is recommended that throughout the year we spend some time seeking assurance of the impact of the partnerships in each alliance place.

We have also developed the Community Collaborative to support the consistent delivery and development of community services. The Primary Care Collaborative has started to develop under the leadership of the Partner (Board) Member for Primary Care as a place where progressive development of primary care can be considered in partnership with the ICB, Local Medical Councils (LMC) and others.

It is vital that these alliances and partnerships work together with each other and our acute colleagues so that the benefits of streamlined and integrated care and support can be realised. Our focus on developing our use of data, evidence and intelligent analysis will be vital to evaluate how efficiently and effectively our ICS is fulfilling its purpose, hence the board development sessions on 'Making Data Count'.

On 13 February 2024 I visited the Corringham Integrated Medical and Wellbeing Centre with our Thurrock Alliance Director; the Executive Director of Adults, Housing and Health, Thurrock Council; and Partnership Director to see first-hand the benefits for local people of bringing physical and mental health, housing, and social care together in one space. I was struck by the extent of personalised care, focussed on meeting the needs of individuals within their communities. The examples of making a difference to people's lives, and the morale of staff too – were phenomenal. This is part of the Better Care Together Thurrock strategy, and it is uplifting to see evidence based strategic goals translating into reality for local people.

4 Executive Committee

Since Board approval for the Executive Committee being a formal sub-committee of the Board there have been seven meetings, held on a weekly basis.

Aside from considering recommendations from the internal recruitment panel and investment decisions through the triple lock arrangements, the following decisions were approved by the Executive Committee:

- Updated mandatory training needs analysis for the ICB to include conflicts of interest training for all staff.
- Extension of the SystemOne contract by 6 months during the establishment of a framework agreement.
- Principles for the settlement of NHS Property Services debt in Primary Care, subject to assessment of individual cases.
- Assignment of Information Asset Owners.
- Supporting the discharge fund proposal to be presented to the Finance & Investment Committee.
- Extended commissioning of dental activity and minor oral surgery.
- Urgent modification to the North East London NHS Foundation Trust and Mid and South Essex NHS Foundation Trust contracts to include Cow's Milk Protein Allergy and Adult Home Enteral Feeding, and Oral Nutritional Supplements.
- Recommending to the Board the approval of Specialised Commissioning and associated governance documentation.
- The implementation of 'MSE Placement Platform'.
- Supporting a prioritisation matrix tool.
- Proposals to redefine clinical leadership and ambassador roles subject to confirmation of funding.

The Committee continued to provide executive oversight and scrutiny of operational business, performance, and financial performance, as well as taking the opportunity to develop the team and cascade information to our staff.

5 Conclusion

There is a tremendous amount of activity and development across the ICS with purpose and focus. We have an extremely challenging set of service standards to deliver during March 2024, coupled with one of the most difficult financial positions to resolve as we plan for delivery in 2024-25. I would like to reassure the Board of the commitment of the Executive Team to shift the system to a position where service standards are achieved sustainably, and within the resources available to us.

6 Recommendation(s)

The Board is asked to note the current position regarding the update from the Interim Chief Executive and to note the work undertaken and decisions made by the Executive Committee.

Part I ICB Board Meeting, 21 March 2024

Agenda Number: 10

Quality Report

Summary Report

1. Purpose of Report

The purpose of this report is to provide the Board with a summary of the key quality and patient safety issues, risks, escalations, and actions being taken for assurance. The report also includes key escalations from the ICB's Quality Committee.

2. Executive Lead and Report Author

Dr Giles Thorpe, Executive Chief Nursing Officer.

3. Responsible Committees

ICB Quality Committee.
ICB System Quality Group.

4. Impact Assessments

Not required for this report.

5. Financial Implications

Not required for this report.

6. Details of patient or public engagement or consultation

Not required for this report.

7. Conflicts of Interest

None identified.

8. Recommendations

The Board is asked to note the contents of the Quality report and key actions being undertaken.

Quality Report

1. Introduction

- 1.1 The purpose of this report is to provide the Board with a summary of the key quality and patient safety issues, risks, escalations, and subsequent actions taken in response, to provide assurance of oversight on all aspects of quality within the Mid and South Essex Integrated Care System.
- 1.2 The System Quality Group last met on 7 February 2024, and the Quality Committee last met on 23 February 2024.

2. System Quality Group (SQG) Escalations

- 2.1 A deep dive into childhood asthma was undertaken, following a prevention of future death (PFD) report being published post inquest into a death of a ten-year-old child. Multiple partners within the system shared their learning from the incident, and the changes made into pathways and processes in order to minimise the risk of a future incident happening again.
- 2.2 Communication specifically in relation to the overuse of salbutamol inhalers, and underuse of corticosteroids is in development in order to share learning widely across primary care partners, in order to trigger earlier asthma reviews for children and young people.
- 2.3 As part of the function of SQG, a proposal was received to develop a system-level Learning From Deaths Group, which will focus on how organisations will learn from each other and will report actions being taken to improve outcomes and reducing unwanted variation to the System Quality Group. All partners within the Group were fully supportive of this action.
- 2.4 In addition, given the focus on improving patient-level outcomes and the impact of direct care delivery across all settings, it was additionally proposed that a 'Harm Free' System Group be developed that focussed key focus areas such as pressure ulcers, falls incidence, nutrition, and hydration. All partner members agreed to the development of this group. This work will be led through the Quality Team within the ICB.

3. Quality Committee Escalations

3.1 Sepsis

The committee received a deep dive into sepsis prevention, management and key quality improvement initiatives that were in place to ensure that patients were appropriately assessed and managed where suspected sepsis was considered. This included the development of a unified sepsis tool which has been implemented for children and young people across Mid and South Essex NHS Foundation Trust (MSEFT). Furthermore, the Trust was reviewing all guidance in response to the publication of the National Institute of Health and Care Excellence (NICE) Guidance for sepsis in January 2024.

3.2 Emerging Safety Concerns/National Update

Chief Nursing Officers and Medical Directors had been contacted regarding the enactment of Martha's rule. The Executive Chief Nursing Officer has met with MSEFT Chief Nursing Officer to determine whether an Expression of Interest would be submitted to be included in the first wave of 100 hospitals to implement Martha's rule. It was reported in the media that there were plans to roll out Martha's rule to community and mental health settings in 2025.

An independent review on mental health services had been undertaken in Greater Manchester, which resulted in several recommendations which were applicable to all mental health providers. The ICB was currently reviewing the recommendations and undertaking a gap analysis to present to the Executive Team and Quality Committee for further discussion. Further detail will be provided to Board members post review.

New visitor legislation in care home settings and hospitals had been published and would enable the Care Quality Commission (CQC) powers to assess and act where legislation was not being supported.

3.3 SOAC referral regarding Quality Concerns

SOAC requested that the Quality Committee seek assurance in relation to some quality concerns raised there, which included:

Mental Health performance – a concern was raised on whether the performance metrics for mental health were being scrutinised appropriately. A specific group would be created led by EPUT, with attendance from all three relevant ICBs and colleagues from NELFT, to scrutinise reporting and performance metrics. Further discussions between the Executive Chief Nursing Officer and EPUT Chief Executive Officer have now finalised this plan.

3.4 Outcome of the Nitrous Oxide Serious Incident Independent Investigation

The external investigation report related to the nitrous oxide incident at Basildon maternity unit was received by the committee. The report focused on a period from July 2021 to October 2022, when the Trust received a report to advise that the levels of background nitrous oxide were above the safe levels. This was not declared a serious incident until October 2022, however there were no concerns on the management of the incident and external partners were involved from that point. The report focused on why it was not declared a serious incident at the time and why appropriate actions were not taken.

The executive summary report with recommendations had been provided and was published. The report found an unacceptable delay in responding to and mitigating a serious risk which resulted in an unnecessary risk to staff working in the department. The reasons for the failure to escalate were that although policies were in place, some individuals were unclear about their roles and responsibilities. A risk management process was in place but the risk was not escalated to the Board until October 2022. The report concluded that there were fragmentations of leadership and ownership

throughout the organisation and the governance processes were not functioning properly. An action plan had been developed, which included an external governance review and internal investigation into specific aspects of concern.

3.5 Infection Prevention and Control

The committee received an update related to system level infection prevention and control data. Positively to note, the rate of Clostridioides difficile (C-diff) within the acute Trust had reduced in the last quarter and the good work was recognised by the national team. The review process of C-diff cases had changed significantly, and the national team were looking to adopt the process instigated by the Trust across the NHS.

An increase in methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia rates was reported within the acute trust and the system. The themes of causation were sporadic and multi factorial mainly identified in patients with complex needs and presentations. However, there was an overriding theme of the need to improve documentation of invasive devices and the ICB Infection Prevention and Control Team were supporting improvement activities across providers, in order to share learning.

The number of Group G streptococcus infections within South-East Essex were being closely monitored by the weekly incident management team meetings; however, due to case identification no outbreak was confirmed, with a period of increased incidence being determined only.

3.6 Special Educations Needs and Disabilities (SEND) Update

The committee was informed that the demand for SEND assessments and care planning had increased and was being actively managed by the three local area partnerships.

The Southend area partnership had an Ofsted inspection in February 2023 and implementing actions in response to the recommendations. A follow up visit occurred in February which identified some positive progress. However, it was identified that the impact of the improvements and changes made needed to be measured, which has formed an area of focus for the year ahead.

Both Thurrock and Essex area partnerships were working through the self-assessment process to identify current strengths and areas for development in preparation of future Ofsted/CQC Inspections in the coming year.

Separately, the ICB SEND maturity matrix reports had been submitted to NHS England and were rag rated as Amber. There were some areas detailed in the report which required further development across the local area partnerships, aligning to improvement work already underway.

Demand and capacity issues have been impacting on educational needs assessments, which have been escalated through to the national team for support. The ICB Designated Clinical Officer (DCO) continues to support the assessments from a health perspective and to ensure the quality of the care plans.

The Executive Chief Nursing Officer and Director of Nursing attend all Partnership Board meetings to ensure appropriate seniority of health representation.

3.7 Neurodiversity (Autism Spectrum Disorder (ASD)/Attention Deficit Hyperactive Disorder (ADHD))

The committee was informed that a task and finish group had been established to undertake a demand and capacity analysis of ASD/ADHD services across Mid and South Essex, with input from finance and contract colleagues, data analytics and provider intelligence. The key areas reviewed were financial allocation and contract allocation.

It was shared that the current numbers of ADHD and Autism diagnosis or both were in line with national estimates. Guidance provided by NHS England for ICBs planning their autism services stated an assumed level of 1.1% of population should have a diagnosis of autism but would vary dependent upon age group and level of deprivation.

There was good evidence nationally to show what percentage of people referred for an autism or ADHD assessment resulted in a diagnosis. For children and young people who were referred for an autism assessment, 19% would receive another neurodevelopmental diagnosis.

The committee were provided with the detail of the emerging issues contained in the report, which included significant variation in provision and the service specification of contracts, which had been extended to 31 March 2025 whilst issues were being addressed.

The Committee noted the report provided and requested an update post agreement of the second stage review of current contracts and plans to address any shortfall and unwanted variation in service provision.

3.8 Policy Approval

The Committee approved both the ICB Prevent Policy and Safeguarding Supervision Policy without amendment.

4. Recommendation

- 4.1 The Board is asked to note the contents of the report and the key actions being undertaken to address escalated concerns to improve the quality of services provided to residents in Mid and South Essex.

Part I Board Meeting,

Agenda Number: 11

Month 10 Finance and Performance Report

Summary Report

1. Purpose of Report

To present an overview of the financial performance of the ICB to date and offer a broader perspective on outturn across partners in the Mid & South Essex (MSE) system (period ending 31 January 2024).

The paper also presents our current position against our NHS constitutional standards.

As we develop our operating plan for 2024/25 workforce will be a key component of integrated planning which will enable us to triangulate and report effectively against our system plan ambitions.

2. Executive Lead

Jennifer Kearton – Chief Finance Officer,

Report Author

Jen Kearton – Chief Finance Officer
Sarah Davies – Financial Improvement Lead
Karen Wesson, Director of Assurance and Planning
James Buschor, Head of Assurance and Analytics
Resources Team

3. Committee involvement

The most recent finance position was reviewed by the ICB Finance and Investment Committee (FIC) in March.

Our latest Performance Report was reviewed by the System Oversight and Assurance Committee (SOAC) in February 2024.

4. Conflicts of Interest

None identified.

5. Recommendation

The Board is asked to receive this report for information.

Finance & Performance Report

1. Introduction

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

The System has a nationally negotiated and agreed plan position for 2023/24 of £40m (million) deficit, a £6m improvement on the outturn position for 2022/23. This plan was considered very challenging at the time of agreement and has been under sustained pressure this financial year.

During November all systems were required to recommit to their financial plans alongside delivery of Urgent & Emergency and Cancer Standards. During a Board Seminar on 21 November 2023 the Board signed off a resubmission which confirmed that the MSE System was unable to meet its agreed deficit and wished to reforecast to £57m deficit, not including the impact of industrial action incurred since November.

The system has adjusted its financial forecast for the end of the year.

2. Key Points

2.1 Month 10 ICB Financial Performance

The overall System Allocation (revenue resource limit) held by the ICB has increased by £20m since last reported at month 8. All additional allocations are fully committed.

Table 1 – Allocation movements between month 8 and month 10

	Recurrent £m	Non-recurrent £m	Total £m
Allocation at M8	2,462	140	2,602
Movements:			
Depreciation funding	0.0	5.4	5.4
CDC funding	0.0	3.3	3.3
Primary Care & Wethersfield	0.0	2.4	2.4
Elective Recovery Funding	0.0	2.0	2.0
Removal of held back elements	0.0	1.2	1.2
Pension Costs 6.3%	0.0	1.4	1.4
Frontline Digitisation EPR Funding	0.0	1.4	1.4
EoE Cancer Alliance Targeted Lung Healthcheck	0.0	1.1	1.1
Other	0.0	1.9	1.9
Current Allocation at M10	2,462	160	2,622

The ICB continues to forecast its agreed outturn position of £10m surplus, which it is currently holding. The pressures across our variable spend areas continue into the last quarter of the year. Continuing Health Care and Discharge to Assess pressures are a core focus for the ICB and we are working with the system Discharge Executive on the actions required deliver the efficiencies within the programme.

Adjustments to the elective recovery threshold should enable the ICB to largely mitigate the unprecedented growth in our independent sector activity.

The rate of increase in prescribing spend has reduced this month, however it continues to be higher than last year and higher than budget. Our Medicines Management team is acting against all opportunities in the National Medicines Optimisations work and continues to engage fully with regional efficiencies comparisons and opportunities.

All areas are working hard to mitigate in-year pressure which has surpassed expectations at planning stage, these mitigations have included use of non-recurrent measures, which will not be available to us in 2024/25.

Table 2 – summary of the position against the revenue resource limit for month 10.

Expenditure	Year to Date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Revenue Resource Limit	(2,446.0)			(2,622.2)		
Acute Services	1,135.0	1,138.9	(3.9)	1,373.7	1,377.7	(3.9)
Mental Health Services	215.2	212.2	3.0	259.2	256.3	2.9
Community Health Services	193.3	193.3	0.1	234.5	234.2	0.3
Continuing Care Services	103.2	122.6	(19.4)	123.6	147.7	(24.2)
Prescribing	198.3	210.0	(11.7)	237.3	251.8	(14.4)
Primary Care	272.8	265.8	7.0	335.0	326.1	8.8
Other Commissioned Services	14.6	13.5	1.0	17.4	16.3	1.1
Other Programme Services	7.5	(28.9)	36.5	6.3	(33.9)	40.2
ICB Running Costs	20.0	20.0	0.0	25.4	23.7	1.7
Total ICB Net Expenditure	2,159.8	2,147.3	12.5	2,612.6	2,600.0	12.6
ICB Surplus	286.1	298.7	12.5	9.6	22.2	12.6

2.2 ICB Finance Report Conclusion

At month 10 the ICB is forecasting to deliver its agreed plan. This is a particularly challenging position given the level of inflationary and activity demand, currently being managed.

Whilst the ICB continues to hold the surplus position for 2023/24, this is supported by one off action which will not be available into the next financial year.

The ICB continues to develop its draft plan position alongside the system. As a financially distressed system, regional and national oversight continues. Work to improve the forecast 2024/25 position will continue throughout March and April, up to final submission in May 2024.

2.3 Month 10 System Financial Performance

At month 10 the overall health system position is a deficit of £60m, (m9 £55m, m8 £60m, m7 £52m,). This position is off plan by £25m. The year-to-date position largely reflects the current shortfall in efficiency programme delivery which was set to mitigate the impact of rising risk. However, workforce pressures continue to drive high levels of spend within our provider sector.

The system forecast outturn is £60m this is in line with national expectation given the industrial action impact incurred during M10.

Our system deficit is manifest in our Provider Sector, with a year-to-date deficit of £68m in MSEFT and £13m in EPUT. Both organisations have implemented grip and control actions and continue to work collectively with the ICB to reduce the run rate into 2024/25.

2.4 System Efficiency Position

At month 10 the system has £70m worth of plans in delivery, with a forecast of £75m for the end of the year. Our overall target is £113m and so this represents a significant under delivery.

Whilst one off action has been taken to support closing the gap, non-delivery of efficiency has reduced our ability to close our overall financial gap as well as mitigate new pressures.

2.5 System Capital Position

The forecast capital spend for the system is £135m, this is an underspend of £3m against plan. Our actual spend year-to-date is £80m. The main areas of delayed spend relate to externally funded schemes where we have received capital monies for a specific purpose. Every effort is being made to recover slippage through contractual arrangements and there are ongoing conversations with the regional team regarding the spend profile to ensure maximum utilisation of available capital within the financial year.

Table 4 – Capital Spend Summary

Capital Spend Summary	Full Year 2023/24			YTD - January 2024		
	Plan £'000	FOT £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Mid and South Essex NHSFT	115,043	109,223	5,820	76,244	66,279	9,964
Essex Partnership University NHSFT	21,806	23,808	(2,002)	11,622	13,316	(1,694)
ICB	1,987	2,337	(350)	1,477	347	1,130
Total System Capital	138,836	135,368	3,468	89,343	79,943	9,400

YTD Spend as a % of YTD Plan

89%

2.6 System Finance Report Conclusion

At month 10 the System is working toward a revised year end position of £57m before industrial action impacts.

The system is currently drafting its Operating Plan for 2024/25, with a focus on system recovery. A joint Executive Director of Recovery has been appointed to drive the actions in place.

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

2.7 Urgent and Emergency Care (UEC) Performance

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

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

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

Ambulance Response Times

Standards:

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

The ambulance response times remain below the NHS constitutional standards and have not recovered to pre-pandemic levels.

East of England Ambulance Service

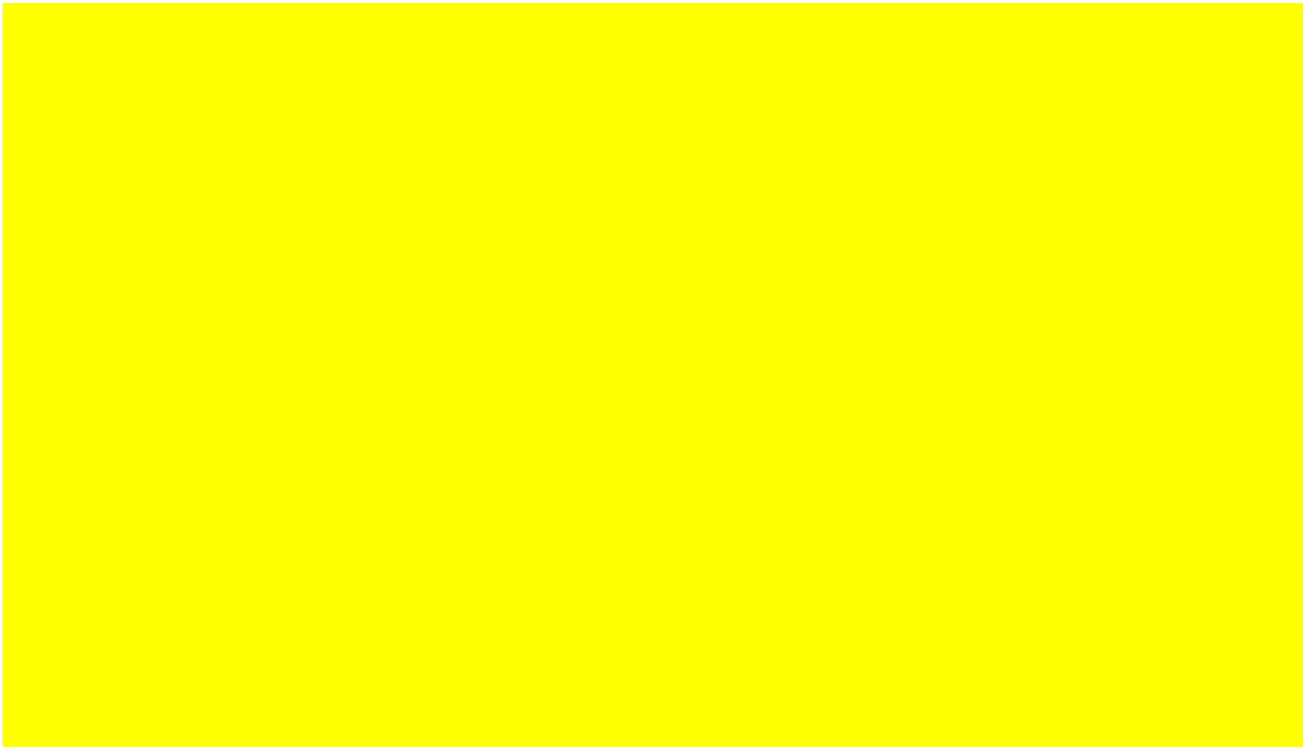
90th Centile Response Time by call category 2023/24 compared to pre-pandemic 2019/20

Please note: response times:

- Green where meeting standard
- Amber where not meeting standard but <= pre-pandemic 2019/20
- red where not meeting standard and > pre-pandemic 2019/20

Call Category	Standard	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Category 1 Calls MM:SS	<= 15min	2019/20	14:08	14:01	14:25	15:17	14:22	14:29	15:01	15:27	15:19	14:14	15:09	15:03
		2023/24	16:15	16:46	17:15	16:53	16:58	17:17	17:27	17:29	17:18	16:58		
Category 2 Calls HH:MM	<= 40min	2019/20	00:55	00:54	00:56	01:03	00:51	00:56	01:00	01:04	01:06	00:51	00:57	01:06
		2023/24	01:13	01:21	01:28	01:21	01:31	01:37	01:53	01:40	01:51	01:55		
Category 3 Calls HH:MM	<= 02:00:00	2019/20	04:04	03:46	04:08	04:54	03:05	03:52	04:26	04:56	04:42	02:49	03:23	04:09
		2023/24	03:49	04:16	04:53	04:16	05:03	05:27	06:32	05:32	05:53	05:57		
Category 4 Calls HH:MM	<= 03:00:00	2019/20	04:10	03:57	04:07	05:07	03:00	03:38	04:15	04:53	04:43	03:43	04:56	05:15
		2023/24	05:34	07:50	09:22	08:20	08:03	09:55	09:26	08:33	10:45	11:06		

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



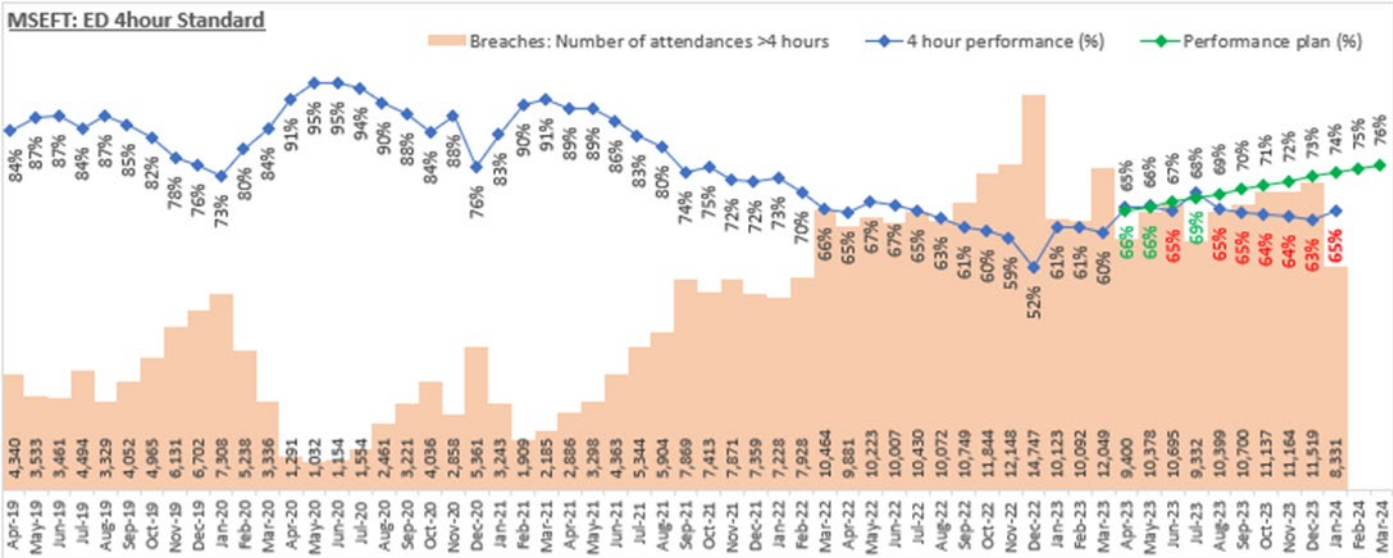
Our Winter Plan includes system actions to support recovery of ambulance response times and arrival to handover and is overseen by the System Urgent and Emergency Care (UEC) Board. Escalations are made to the System Oversight and Assurance Committee.

Emergency Department – waiting times.

Standard:

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

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



2.8 Elective Care

The Elective Programme Board manages the delivery of elective targets across the system. A key focus for the Board is waiting time performance for Diagnostics, Cancer and RTT (Referral to Treatment). Our performance in these areas is currently below the national standard.

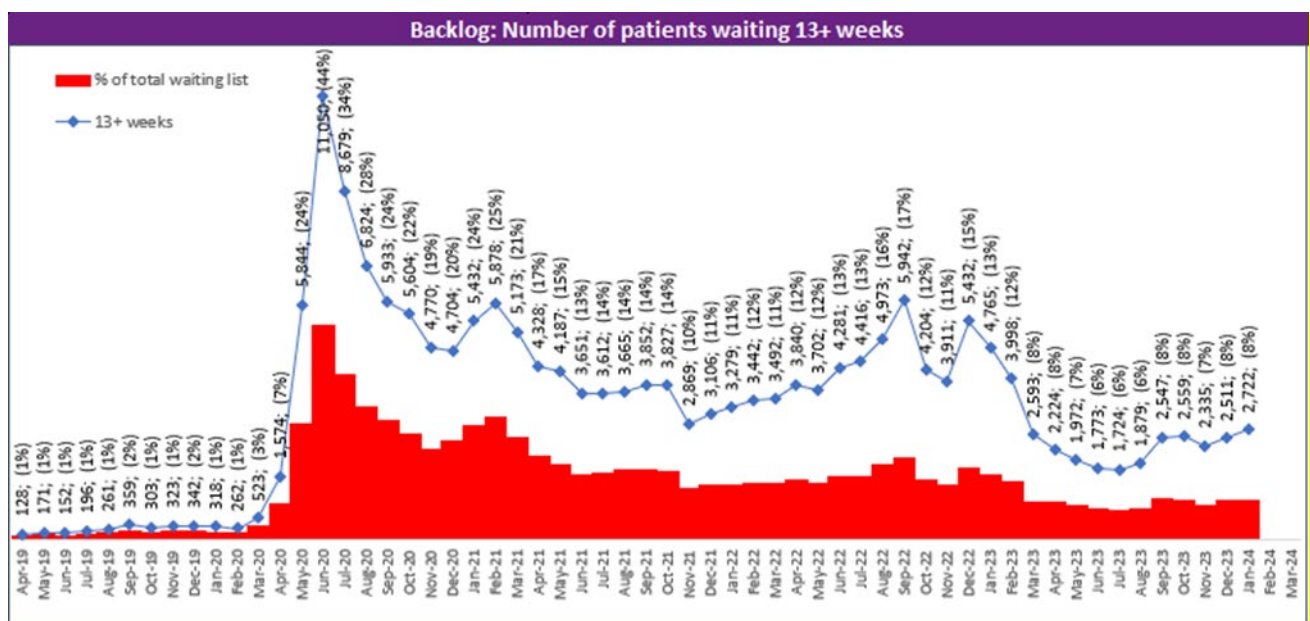
Diagnostics Waiting Times

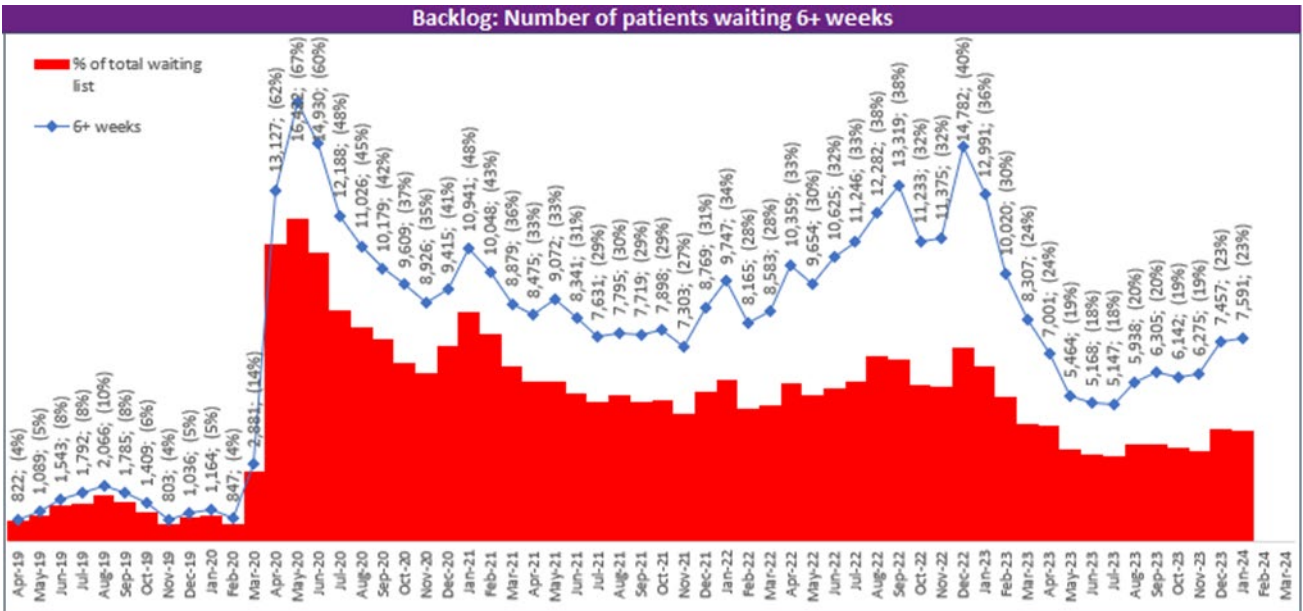
The System Diagnostic Board oversees performance and planning for diagnostics across MSE supported by sub-groups including assurance.

Standard:

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

The waiting times for diagnostic tests do not meet the NHS constitutional standards as per following graphs showing the total number of patients waiting 13+ and 6+ weeks across all providers for patients registered to MSE ICS to January 2024.





As of January 2024, 2,722 waits were 13+ weeks (standard: zero) and 23% of waits were 6+ weeks (standard: <=5%).

The following table compares the MSE diagnostic position in terms of number of 13+ week diagnostic waits compared against pre-pandemic 2019/20. Except for flexi-sigmoidoscopy, the number of 13+ week waits is greater than 2019/20 pre-pandemic position.

All providers position for Mid and South Essex System

Number of patients on a diagnostic six week wait pathway, waiting 13+ weeks by test 2023/24 compared to pre-pandemic 2019/20

Please note: response times:

- **Green** where meeting standard of zero patients waiting 13+ weeks
- **Amber** where not meeting standard but <= pre-pandemic 2019/20
- **red** where not meeting standard and > pre-pandemic 2019/20

Test		Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Imaging	Magnetic Resonance Imaging	2019/20	11	6	4	5	5	10	7	7	2	2	7	15
		2023/24	89	56	36	32	71	179	94	94	94	101		
	Non-Obstetric Ultrasound	2019/20	7	4	3	0	3	2	0	0	0	0	1	9
		2023/24	1,020	697	587	643	562	674	662	494	568	668		
	Computed Tomography	2019/20	0	0	1	0	2	1	1	1	0	1	0	7
		2023/24	34	28	46	35	79	173	134	30	28	56		
Barium Enema	2019/20	0	1	0	0	0	0	0	0	0	0	0	0	
	2023/24	0	0	0	0	0	4	0	1	1	1			
DEXA Scan	2019/20	0	0	0	0	0	0	0	1	0	0	1	1	
	2023/24	58	42	58	30	48	50	36	14	25	39			
Endoscopy	Colonoscopy	2019/20	68	76	62	76	123	156	141	154	181	166	124	173
		2023/24	19	27	24	18	44	49	37	48	140	173		
	Cystoscopy	2019/20	8	6	5	4	5	7	5	3	2	7	10	48
		2023/24	85	77	83	69	65	67	80	69	78	72		
	Flexi Sigmoidoscopy	2019/20	8	33	26	46	55	72	77	84	90	84	80	87
		2023/24	1	1	4	4	12	10	21	28	41	55		
Gastroscopy	2019/20	24	42	45	54	60	102	67	60	61	46	32	66	
	2023/24	60	56	56	52	82	95	72	79	96	128			
Physiological Measurement	Audiology - Audiology Assessments	2019/20	0	0	0	0	0	0	0	1	0	0	0	33
		2023/24	457	234	118	126	15	139	65	30	17	26		
	Cardiology - Echocardiography	2019/20	1	0	3	2	1	1	2	4	2	3	4	73
		2023/24	139	404	483	427	602	862	1,072	1,144	1,100	1,180		
	Cardiology - Electrophysiology	2019/20	0	0	0	0	0	0	0	0	0	0	0	0
		2023/24	0	0	0	0	0	0	0	0	0	0		
Neurophysiology	2019/20	0	0	0	0	0	0	2	1	0	0	0	1	
	2023/24	171	210	126	162	200	154	208	237	257	171			
Respiratory Physiology - Sleep Studies	2019/20	0	0	0	0	0	0	0	0	0	0	0	8	
	2023/24	80	134	143	121	88	89	72	59	57	40			
Urodynamics - Pressures & Flows	2019/20	1	3	3	9	7	8	1	7	4	9	3	2	
	2023/24	11	6	9	5	11	2	6	8	9	12			
Total Diagnostic Tests		2019/20	128	171	152	196	261	359	303	323	342	318	262	523
		2023/24	2,224	1,972	1,773	1,724	1,879	2,547	2,559	2,335	2,511	2,722		

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

Cancer Waiting Times

Standards: For people with suspected cancer:

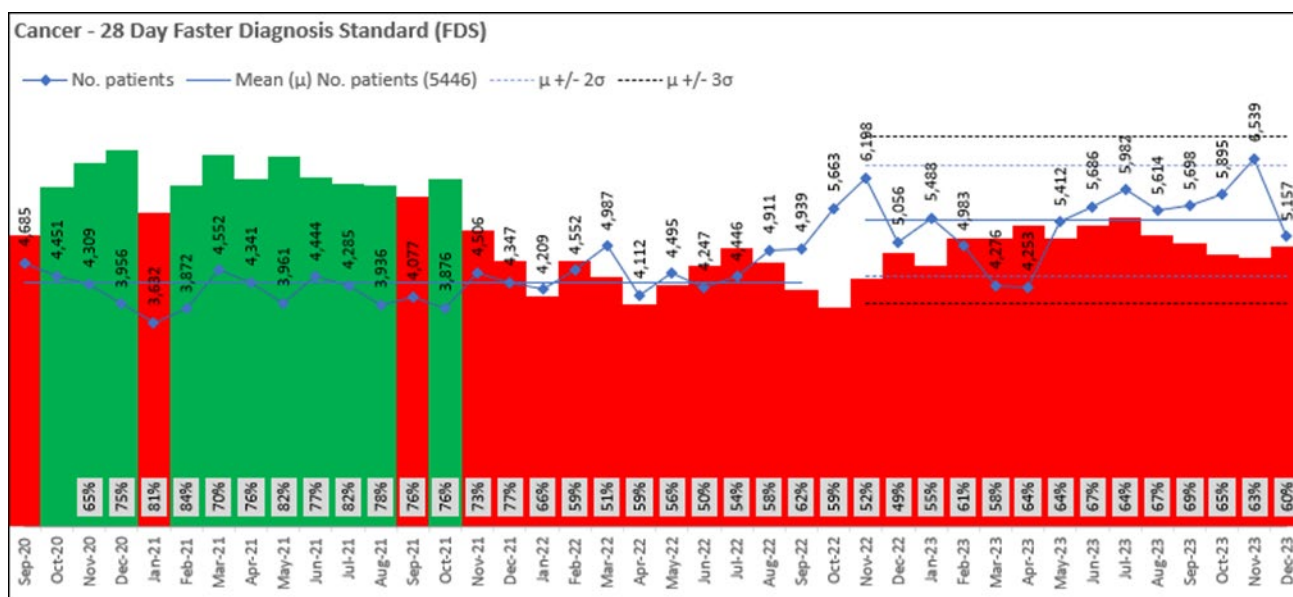
- To not wait more than 28 days from referral to getting a cancer diagnosis or having cancer ruled out.
- To receive first definitive treatment within 31 days from decision to treat.
- To start drug, radiotherapy, and surgery subsequent treatments within 31 days.
- To receive their first definitive treatment for cancer within 62 days of receipt of urgent referral.

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

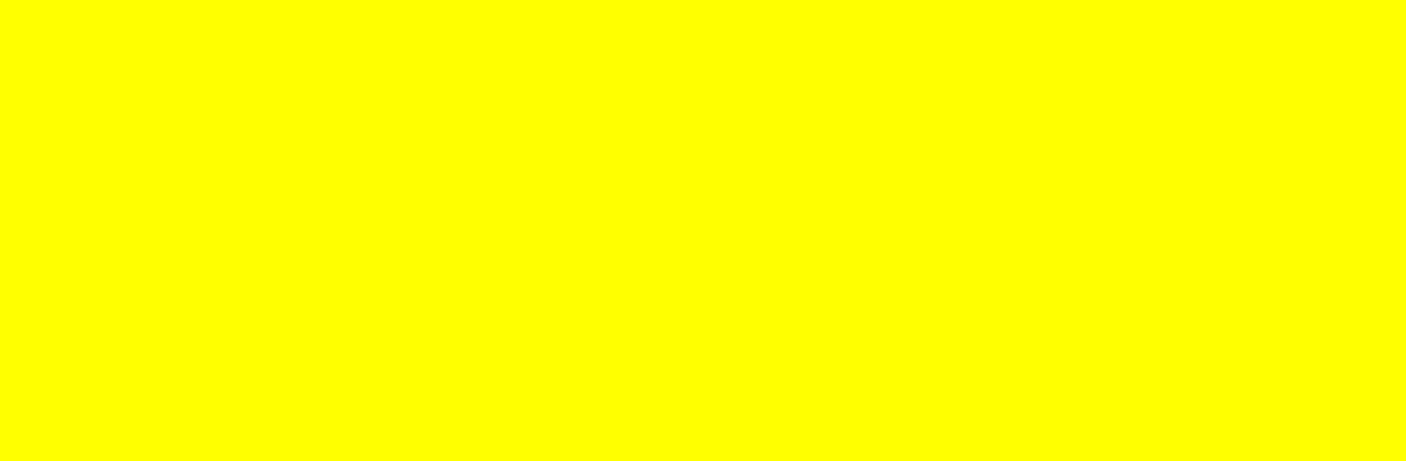
The following table shows the latest MSEFT position (December 2023) for each of the waiting time standards.

Tumour Site	28 Day Faster Diagnosis Standard	31 day first treatment	31 day subsequent treatment Drug Treatments	31 day subsequent treatment Radiotherapy Treatments	31 day subsequent treatment Surgery	62 day standard	62 day standard (Screening)	62 day standard (Upgrade)
	Standard (>=75%)	Standard (>=96%)	Standard (>=98%)	Standard (>=94%)	Standard (>=94%)	Standard (>=85%)	Standard (>=90%)	
Total	62%	82%	92%	87%	71%	35%	60%	79%
Acute leukaemia								
Brain/Central Nervous System	60%							100%
Breast	63%	90%				61%	75%	75%
Children's	80%							
Exhibited (non-cancer) breast symptoms	85%							
Gynaecological	57%	50%				17%		40%
Haematological	30%	100%				52%		67%
Head & Neck	64%	82%				10%		100%
Lower Gastrointestinal	46%	62%				18%	0%	100%
Lung	80%	80%				34%	0%	69%
Other	33%	67%				50%		100%
Sarcoma		100%				100%		
Skin	69%	75%				36%		60%
Testicular	44%							
Upper Gastrointestinal	71%	93%				50%		80%
Urological	50%	92%				25%		100%

The following graph shows the 28-day Faster Diagnosis Standard. The December 2023 performance was 60% (standard: >=75%). The 2023/24 plan is to increase performance to achieve the 75% standard by March 2024. Mitigating actions to recover to plan are in place and forecast to achieve 75% by March 2024.



The following graph shows the 62-day standard performance.



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

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

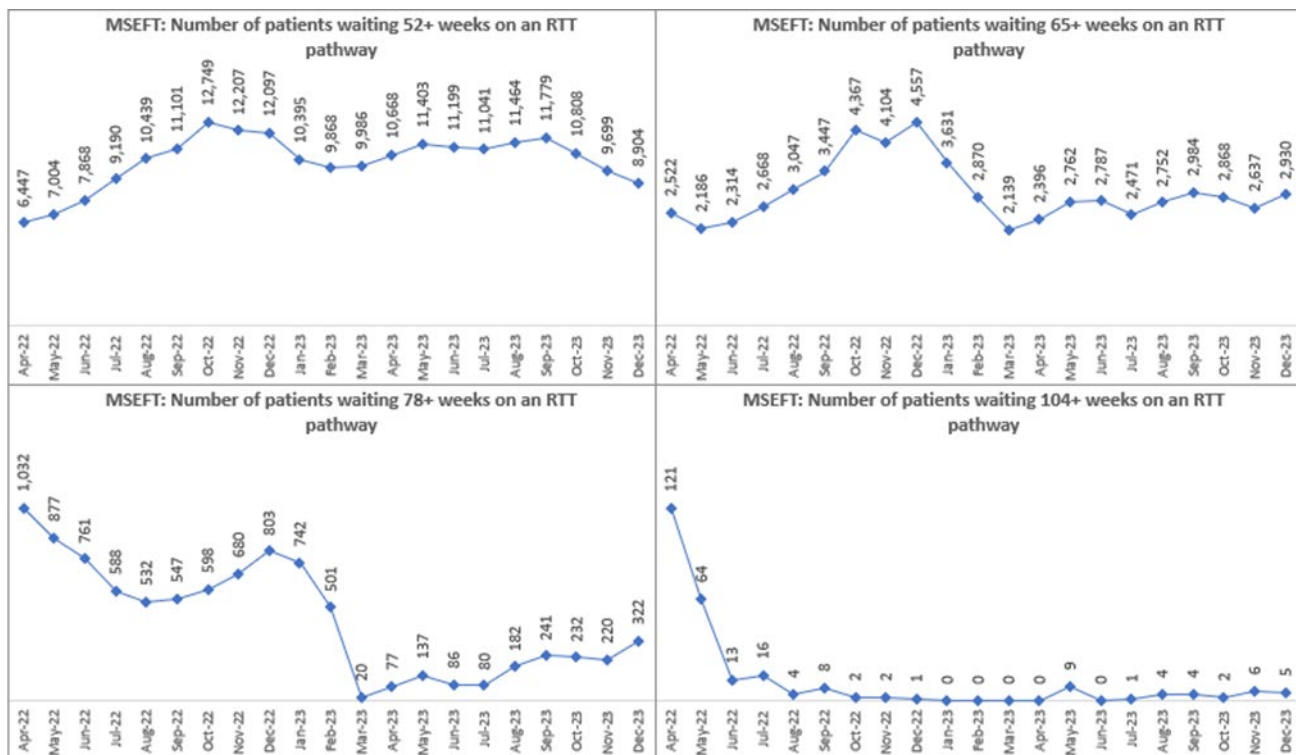
Referral to Treatment (RTT) Waiting Times

Standards:

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

The following graphs show the number of patients waiting 52+, 65+, 78+ and 104+ weeks on an RTT pathway at MSEFT. As at December 2023, there was the following number of patients on an RTT pathway at MSEFT:

- 5 patients waiting 104+ weeks
- 322 patients waiting 78+ weeks.
- 2,930 patients waiting 65+ weeks
- 8,903 patients waiting 52+ weeks



The following table summarises the latest MSEFT RTT position (December 2023) by speciality.

Specialty	Total waiting list size	Average (median) waiting time in weeks	92nd percentile waiting time in weeks	Total number of patients waiting 52 plus weeks	Total number of patients waiting 65 plus weeks	Total number of patients waiting 78 plus weeks
Total	160,322	17	47	8,903	2,930	322
General Surgery	9,799	19	44	396	121	4
Urology	8,946	17	48	506	153	24
Trauma and Orthopaedic	14,890	21	57	1,520	560	55
Ear Nose and Throat	12,555	21	50	854	295	50
Ophthalmology	15,056	18	48	837	220	13
Oral Surgery	5,654	28	63	917	374	44
Neurosurgical	90	20	59	9	4	0
Plastic Surgery	5,318	19	59	572	279	74
Cardiothoracic Surgery	398	12	42	9	0	0
General Internal Medicine	1,498	12	29	10	1	0
Gastroenterology	8,731	16	45	495	109	2
Cardiology	11,365	14	39	285	163	6
Dermatology	10,950	18	45	416	70	2
Respiratory Medicine	4,448	13	32	20	3	0
Neurology	4,693	16	43	170	48	1
Rheumatology	2,994	16	33	11	3	1
Elderly Medicine	795	10	31	2	0	0
Gynaecology	11,308	16	45	473	110	10
Other - Medical Services	16,827	14	43	647	163	13
Other - Mental Health Services	0	-	-	0	0	0
Other - Paediatric Services	3,878	22	49	252	99	19
Other - Surgical Services	7,269	16	47	418	134	3
Other - Other Services	2,860	9	43	84	21	1

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

2.9 Mental Health

Our Mental Health Partnership Board oversees all aspects of mental health performance. The key challenge for the work programme relates to workforce capacity.

Improving access to psychology therapies (IAPT)

Standards include:

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

This standard is being sustainably achieved across MSE (latest position: January 2024).

Early Intervention in Psychosis (EIP) access

Standard:

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

The EIP access standard is being sustainably met across Mid and South Essex (latest position: December 2023).

3. System Performance Report Conclusion

The System has an arrangement of oversight groups whose core concern is the delivery of the constitutional targets. Actions are regularly reviewed, and progress monitored with escalation to SOAC (System Oversight and Assurance Committee) where there is a variance to plan.

It is important to note that the majority of Urgent and Emergency Care for the system continues to be funded via a block payment arrangement. However, a payment for activity approach has been reinstated for Elective Care, meaning the system will distribute its allocation according to the activity delivered for the population.

The System must adhere to the Mental Health Investment Standard which requires us to increase Mental Health Spend at a level higher than our annual growth in overall allocations. MSE ICB is currently meeting its obligations under the standard.

4. Recommendation

The Board is asked to note the performance across both finance and the constitutional standards of delivery.

Part I ICB Board meeting, 21 March 2024

Agenda Number: 12

Primary Care/ Alliances reporting to Board

Summary Report

1. Purpose of Report

The purpose of this report is to provide an update by exception of the key developments across Primary Care and Alliances during the previous two-month period. This includes performance against a number of key metrics, developments within Integrated Neighbourhood Teams and progress in implementing the Primary Care Access Recovery Plan that was approved by the Board in November 2023.

2. Executive Lead

Pam Green, Alliance Director, Basildon and Brentwood and ICB Primary Care Lead

3. Report Author

William Guy – Director of Primary Care
Paula Wilkinson – Director of Pharmacy and Medicines Optimisation
Simon Williams – Deputy Alliance Director – Basildon and Brentwood
Caroline McCarron- Deputy Alliance Director – South East Essex
Margaret Allen- Deputy Alliance Director – Thurrock
Kate Butcher - Deputy Alliance Director – Mid Essex

4. Responsible Committees

The commissioning of Primary Care services is overseen by the Primary Care Commissioning Committee on behalf of the ICB. Each of the 4 Alliances has a formal Alliance Committee in place to oversee highlighted work.

5. Impact Assessments

Not applicable to this report.

6. Financial Implications

Not applicable to this report.

7. Details of patient or public engagement or consultation

Not applicable to this report.

8. Conflicts of Interest

None identified.

9. Recommendation(s)

The Board are asked to note the updates in this report.

Primary Care/Alliances Board Update

1. Main content of Report

Primary Care – General Practice

- Primary care consultation numbers have increased by 7.1% year on year (2022/23 vs 2023/24).
- Significant progress on Additional Roles Recruitment Scheme (ARRS) recruitment has been made during 23/24. There are now 550 ARRS staff in place in Primary Care Networks (PCNs) across Mid and South Essex (MSE).
- We are undertaking analysis of urgent care demand and capacity across primary care. A full report will be presented to a future ICB Board meeting. Demand is hard to calculate currently as the only consistent data set collected in activity (numbers of consultations). As part of the contract development for 2024/25, practices will be required to collect telephone data. This will provide a greater and more consistent understanding of demand across general practice services. In terms of responsiveness 2022/23 data is as follows;

	Mid and South Essex	Cumulative	National	Cumulative
Same Day	42.1%		43.7%	
1 Day	8.1%	50.2%	8.2%	51.9%
2-7 Days	19.6%	69.8%	19.2%	71.1%
8-14 days	13.5%	83.3%	12.9%	84%
15-21 days	7.4%	90.7%	7.3%	91.3%
22-28 days	4.7%	95.5%	4.5%	95.8%
28 + days	4.4%	99.9%	4.2%	99.9%
Unknown	0.1%	100%	0.1%	100%

Primary Care – Access Recovery Programme

- Cloud Based Telephony roll out on track to exceed original target within the Primary Care Access Recovery Programme. 55 practices will move to Cloud Based Telephony in Phase 1 (original target of 45). A further 30 practices are likely to receive upgrades of telephony systems in Phase 2.
- 11 Self-referral pathways are in place across MSE. This should support practices by reducing demand on general practice.
- A number of practices have moved onto Total Triage solutions as part of their implementation of “The Modern General Practice”.

Primary Care – Community Pharmacy

- Pharmacy First has gone live across 198 pharmacies in MSE.
- Updated Oral contraception and Blood Pressure checks services have also gone live.
- There has been a reduction of 12 pharmacies between the publication of the Community Pharmacy Needs Assessment in October 2022 and December 2023.

Primary Care – Dentistry

- The ICB has begun the implementation of the National Plan to Recover and Reform Dentistry with changes to unit of dental activity pricing and a premium rate for seeing patients that have not been seen in the previous 24 months.
- The Dental Access Pilot is progressing well with good utilisation across MSE.
- The Care Home Pilot will have full coverage of identified care home beds by April 2024. There has been positive early impact of the pilot so far.
- As part of the Primary Care Delegation Self-Assessment Checklist and taking forward an action from the January 2024 ICB Board meeting, we are reviewing our assurance reporting processes for Pharmacy, Optometry and Dental (POD) services. Governance arrangements will be adapted by end of Quarter 1 with full reporting in place by Quarter 2.

Alliances

- Strong partnership working across each Alliance with different priorities identified.
- Common themes include those across Mental Health transformation, utilising Social Prescribers, promotion of pooled budgets and decision making with partners, working closely with voluntary sector, public engagement, falls prevention and reducing health inequalities.

Alliances – Integrated Neighbourhood Teams (INTs) Development

- 9 in place across Mid and South Essex and others developing.
- Maturity framework designed to provide Board level assurance on progress.
- INT progress being shared with partners to drive operational and cultural change (e.g. CEO forum).
- Links to Financial Recovery Programme as creates health care capacity.

Alliances – Better Care Fund (BCF)

- Governance for BCF established across all 4 Alliances.
- Mechanism to share good practice across Mid and South Essex in place.
- BCF metrics being reported on Athena.
- Focus on key areas such as dementia, carers, social prescribers and recovery to home beds.

Transfer of Care Hubs (TOCH)

- 4 TOCHs across MSE live since December 2023.
- Governance and appropriate metrics in place.
- Focus on discharge from hospital metrics to improve flow.
- TOCHs supporting the system (multi agency discharge event) MADE event.

2. Recommendation

The Board are asked to note the updates in this report.



Mid and South Essex
Integrated Care
System



Mid and South Essex

MSE ICB - Primary Care and Alliances Highlight report

March 2024



Key for Project Updates

G	On track, no intervention required
A	Project remains on track. However, there are a number of risks/issues that should be noted and monitored carefully
R	Off track, Diagnostic Implementation Working Group and/or Diagnostic Programme Board intervention required

Primary Care - General Practice

Reporting Month

March 2024

Executive Lead

Pam Green

SRO

William Guy/Jenni Speller

RAG

Overall Summary

A number of actions have been taken to improve access to services over the last period.

- The Winter Access Scheme has supported practices/PCNs to provide additional capacity for their patients during the busy winter period. This scheme has received good take up across Mid and South Essex. Our Void Space initiative, which makes void space in ICB funded premises available at low cost to PCNs, has seen 4 PCNs now take up additional space in various sites across Mid and South Essex. Discussions are ongoing with a number of other PCNs
- We have started to reimburse costs for a number of practices who have successfully migrated to the "Modern General Practice" model. This model was set out in the national Primary Care Access Recovery Programme. All practices are able to submit returns to consideration of reclaiming costs where they have migrated to this model.
- By December 2024, there were 550 full time equivalent Additional Roles Reimbursement Scheme (ARRS) staff in place across Mid and South Essex. This demonstrates significant progress on the same time in 2023 (see charts)
- Actions have helped increase year on year consultation numbers in primary care by 7.9%. However, the proportion of consultations Undertaken within 2 weeks of initial contact has deteriorated.

Total consultations in primary care

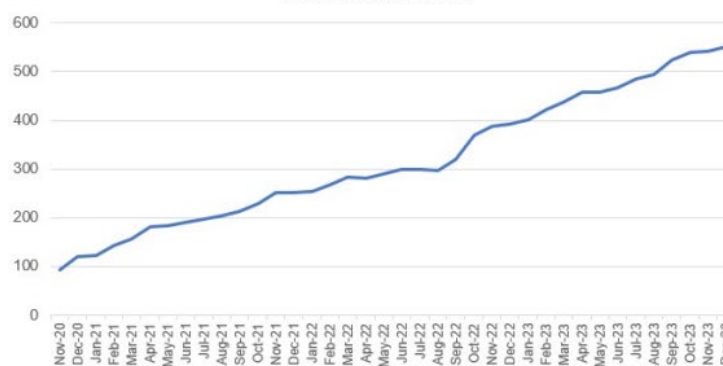
	Apr - Jan 22/23	Apr - Jan 23/24	Difference	% Change
Total consultations in primary care	5,185,460	5,595,621	410,161	7.9%

% of consultations undertaken within 2 weeks of initial contact

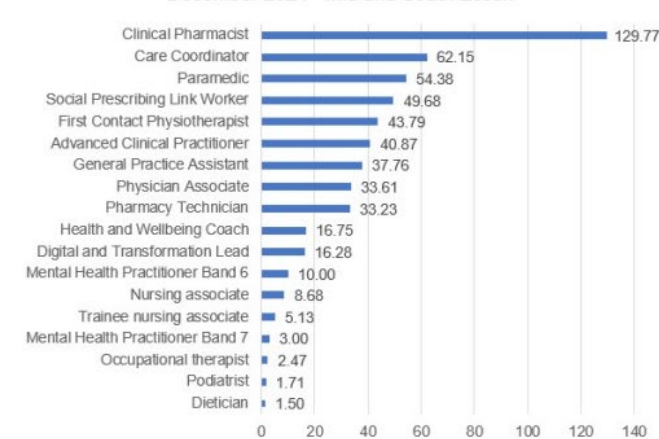
	% 22/23	% Apr - Jan 23/24
Seen in 2 weeks	83%	81%
Not seen in 2 weeks	17%	19%

ARRS - Growth & Trends

ARRS Growth by Month (FTE)
Mid and South Essex



ARRS Recruitment by Role (FTE)
December 2024 - Mid and South Essex



Primary Care – Access Recovery Programme/Connected Pathways

Reporting Month

March 2024

Executive Lead

Pam Green

SRO

William Guy/Jenni Speller

RAG

Amber

Overall Summary

Significant progress has been made on a number of deliverables within the Primary Care Access Recovery Programme

Development	Progress	Status
Cloud Based Telephony - "we will establish Cloud Based Telephony across 45 practices identified as critical"	Phase 1 – 55 practices included in scope. All contracts signed with new providers. 15 implemented and gone live. Phase 2 – 30 further practices identified for improvements. 3 contracts signed.	On Track
Communication of Modern General Practice and various aspects of the Recovery Plan to stakeholders	Engagement Plan being finalised, Hub page being rapidly developed to support practices/PCNs.	On Track
Digital Tools – supporting implementation of Modern General Practice through digital tools	Awaiting guidance from NHS England regarding the digital framework. Approach to 24/25 being reviewed	Delayed
Pharmacy/Dental/Optom - strengthen the role of other primary care services to help manage patient need	Pharmacy First launched locally and has been well received, work being undertaken to promote optometry pathways, dental access scheme integrated into 111 protocols.	On Track
Self Referral Pathways – By March 24 we will establish at least 10 self referral pathways	11 Self Referral pathways are now available to all patients across MSE. Further opportunities being scoped.	Completed
Total Triage – By March 24 5 practices will have implemented a total triage model in line with Modern General Practice	Over 5 practices have put in place Total Triage models. Exact numbers currently being reviewed through Transitional funding responses	On Track

Primary Care – Community Pharmacy and Dentistry

Reporting Month

March 2024

Executive Lead

William Guy/Paula Wilkinson

RAG

Amber

Community Pharmacy

- Closure of community pharmacies-As of 10th March 2024 there are 200 Community Pharmacies providing face to face services operating in 27 Primary Care Networks in the Mid and South Essex ICB area. This is a reduction from 212 pharmacies noted in the Pharmaceutical Needs Assessment (PNA) published in October 2022. Increasing GP referrals to and use of walk-in community pharmacy delivered clinical services is crucial for sustainability of community pharmacies in MSE and the delivering of improved access to primary medical services.
- Implementation of Pharmacy First- new NHSE commissioned national service launched on 31st January 2024- with all pharmacies who sign up having to be fully delivering the service from 1st April 2024. We have around 198 of our community pharmacies signed up to deliver this service.
- Revised oral contraception service how launched- patients can be started on OCs and continue supply under PGDs
- Revised BP checking service- allows pharmacy technicians to deliver elements of the service under supervision of a pharmacist; pharmacies can also provide 24 hour ambulatory blood pressure monitoring. H
- Community Pharmacy Independent Prescribing Pathfinder (CPIPP)- 4 community pharmacies signed up to the programme but this has now been paused due to IT issues. NHSE has mandated that all prescribing has to be electronic and take place using a cloud-based system commissioned by them. This is not yet available. One quality site visit completed.

Work to continue

- CPIPP- Complete the site quality visits for remaining 3 community pharmacies
- Progress rurality review (Pharmaceutical Regulations) focussing on boundaries around towns/cities where development has taken place.
- Supporting access to community pharmacy services and their sustainability.

Dentistry

- The initial part of the National Plan to Recover and Reform NHS Dentistry was announced at the beginning of February. Measures include; new patient payments to encourage dental practices to see patients they have not seen in two years, increase the minimum Unit of Dental Activity payment from £23 to £28, golden handshake payments to encourage dentists to work in areas of low NHS dental provision, an oral health promotion service based in schools, ring fencing of dental budgets. We have already implemented the minimum payment for Units of Dental Activity and the new patient payment processes. We await guidance on the other elements of this programme.
- We continue to see the positive impact of our Dental Access Pilot – this pilot seeks to increase access by funding additional sessions at weekends, evenings and bank holidays. Between September and early February, 7.5k patients had been seen through this initiative.
- Our Care Home pilot is already showing significant improvement in the oral health of people in care homes. We have secured additional provision that will mean that by April 24, all agreed care homes across Mid and South Essex will have an aligned dental practice undertaking proactive and reactive care for residents. Feedback from care home providers has been very positive. A full review of this programme will be undertaken.
- As part of our 24/25 planning processes, we will undertake a full contract baseline review across all providers in Mid and South Essex. The aims of this process will be to increase the sustainability of NHS Dentistry, improve access, improve oral health and wellbeing and reduce inequality.
- The dental team continue to work with providers to minimise contract handbacks and resecure activity where handbacks to occur.

Alliances

Reporting Month

March 2024

Executive Lead

Deputy Alliance Directors

SRO

Alliance Directors

RAG

Amber

Thurrock

- **VCFSE resilience in Thurrock:** a programme of work is being created to ensure that VCFSE sector is supported to provide enhanced service provision, contributing to management of hospital discharge and admissions avoidance
- **Integrated Commissioning Executive:** A newly established joint board, to be a formal sub-committee of the Alliance Committee, to deal with strategic commissioning arrangements for 2024/25 onwards
- **Better Care Fund:** Second stage review to start week beginning 11th March, with LGA and national NCF team support. This is being done to ensure that VfM can be evidenced and spend is aligned better to strategic priorities
- **Early Years Oral Health programme:** This is a two-year programme funded partly through NHSE funding and Health Inequalities funding. This is to improve oral health for children in Thurrock aged from birth to 8 years and will be carried out within Family Hubs, early years settings and 10 primary schools in the most deprived parts of Thurrock. Learning and improvements to be rolled out across Mid and South Essex footprint. It is anticipated that a reduction in children's attendances at ED and inpatient admissions for tooth extractions (and related costs) will be a clear outcome of this work.

Basildon and Brentwood

- Mental Health Practitioner (MHP) Pilot has been running for past four months and has recently been reviewed. Currently three of the six PCNs are involved. The pilot has pooled the MHPs for the three PCNs involved, meaning that all have access to prescribers and that any sickness or annual leave does not have a significant effect on delivery. The results are very favourable showing that waiting times for an initial appointment has reduced from c.14 days to 0.7 days. Alliance team meeting with three remaining PCNs alongside EPUT and Vita to move into the pilot over the next three months. Staff feedback from the providers has also been very positive as has the service user feedback.
- Social Prescribing remains a priority in BB. 14th March is National Social prescribing day and we have reached out to partners to identify any appropriate meetings where local social prescribers can attend, to promote awareness of the role to both staff and residents. We are also having a focus on social prescribers at our Health inequalities meeting on the same day, local social prescribers will present case studies and showcase some of the great work going on across the patch. Our PCNs have also agreed to use their social prescribers differently on this day and they will not be running their normal clinics. Social Prescribers will attend local community events, set up stands in member practice waiting areas to promote the role, attend patient participation group meetings, practice meetings and more.
- Central Basildon Integrated Neighbourhood Team presented first tranche of data that is demonstrating significant reductions in GP appointments and A&E attendance amongst a cohort of high users. Also demonstrating that through integration, patients and residents are being signposted to the most appropriate support more quickly and are being treated more holistically rather than through a medical model.

Alliances

Reporting Month

March 2024

Executive Lead

Deputy Alliance Directors

SRO

Alliance Directors

RAG

Amber

Mid Essex

An Alliance Executive Oversight Steering Group has been set up as a formal sub-committee of the Alliance Committee, to steer the strategic direction of the Alliance Committee and support in decision making. The group are also starting to work on the governance discussions once again highlighted the importance of this. of the Alliance and ongoing development of the group, as well as updating the strategy for the next 1-3 years.

A focus of the Alliance is the Thriving Place Index work which began last year. Alliance partners have worked collaboratively to develop a bespoke, Mid Essex version of the Thriving Places Index (TPI). TPI presents data across a number of broad indicators that impact on whether a community thrives. Not limited to 'health', this includes factors such as housing quality, education, culture and green infrastructure. This allows the Alliance to jointly understand, own and design solutions to effect equitable and sustainable change, by capitalising on the knowledge and sphere of influence, both formal and informal, of all partners. The Alliance is looking at how to routinely incorporate TPI into shaping priority, policy and funding decisions, whilst also focusing on two 'demonstration projects' (respiratory and economic development) to evidence how the theory translates to actual change.

The focus of the last Alliance Committee was domestic abuse, where Essex County Council presented on the current offer of support, and carers support, again ECC presented on the support available. The Alliance committee discussed how different partners could support the work going forwards. The key to partnership working is communication and learning what each other do, what services are available and helping to promote them. These

South East Essex

Opportunities for pooling resources and developing a decision-making framework for the statutory partners within the SEE Alliance is being explored. Effective use of available joint mechanisms i.e. S75, will bring greater alignment and accelerate collaborative working.

The Alliance partnership 'In Conversation With.....' programme of community engagement was established in July 2023 and in the five months to December 2023, over 1,000 conversations were held with local residents. Analysis of the conversations highlighted that residents value people and community spirit above all else, they are concerned about community safety, roads and transport and would like to see opportunities for thriving high streets and better access to GPs. Data from the ICW programme will be triangulated with quantitative data to bring a deeper understanding of our population needs, supporting the Alliance to address health inequalities more effectively and determine our priorities in an increasingly informed way.

The Falls prevention slipper swap events have proved an excellent example of collaborative, partnership working in south east Essex. The events have provided a practical intervention to reduce falls and created an opportunity to engage with local residents to provide health, care, and community advice, information, and signposting.

Kaleidoscope are a social enterprise that brings people together to improve health and care. They have supported the Alliance to develop effective and interactive ways to overcome barriers by enabling constructive conversations on difficult topics, using inspiring events to encourage clarity of purpose and rigorous problem-solving. Aiming to continue to build trust and open communication among the committee and bringing wider partnership members into these trusting relationships, whilst also supporting members to identify and make the shifts in ways of working necessary to enable thriving collaboration.

INT development

Reporting Month

March 2024

Executive Lead

Deputy Alliance Directors

SRO

Alliance Directors

RAG

Amber

Overall Summary

- *9 Integrated Neighbourhood Teams in place across MSE*
- *Presentation of data and case studies suggesting that focussing on high frequency attendees at the GP practice and A&E is leading to better outcomes and reduced attendance.*
- *Raising awareness of operational and cultural changes needed by presenting at Primary Care Committee and CEO Forum.*
- *INT plan put forward to aid financial recovery/priority planning.*

Planned activities

- *Refresh of INT maturity position.*
- *Revert to previous Board paper and confirm next tranche of INTs are ready to progress*
- *Alliance Senior Leadership Team to discuss progress and next steps at March meeting.*

INT Summary

Framework Criteria	Integrated Neighbourhood Team								
	Stanford lee hope	West Basildon	Central Basildon	Canvey Island	SS9	Benfleet	Maldon, Dengie & SWF	Braintree South	Chelmsford Central
Neighbourhood-based boundaries recognised by the community	5	3	2	4	2	2	3	3	3
Diverse providers meeting specific population needs	3	3	3	3	3	3	3	3	3
Comprehensive care across health, care, and societal pillars	3	2	2	3	2	3	2	2	2
Empowered core providers at the heart of INTs	4	2	4	2	3	4	3	3	3
Co-produced design for shared ownership and strategic coherence	4	2	2	1	1	1	2	2	2
Incremental transformation based on joint learning and common endeavor	4	2	2	2	3	3	3	3	3
Flexible approach, adopting place-wide strategies when appropriate	3	1	1	2	2	2	1	1	1
Single governance structure for day-to-day delivery	2	1	1	2	2	2	1	1	1
Mutual accountability for service outcomes	3	2	2	2	3	3	2	2	2
Investing in continuous workforce	1	2	2	2	2	3	1	1	1
People-centered estate design, supporting neighbourhood teams	1	1	1	1	1	2	1	1	1
Totals	33/65	21/65	22/65	24/65	24/65	28/65	22/65	22/65	22/65

Marking guidance	
(1) Initiation	The INT is at the beginning stages of incorporating the criteria. There is recognition of the importance of the criteria, but actions to implement it are just starting.
(1) Development	The INT has started making progress on the criteria. Actions have been taken, but the criteria are not fully integrated into the team's practices or there are significant areas for improvement.
(1) Implementation	The INT has largely incorporated the criteria into their processes, and it forms a part of the team's ongoing activities. There may still be room for refinement and optimisation.
(1) Management	The INT consistently meets the criteria. It is fully integrated into the team's processes and there is a clear commitment to maintaining this level of performance.
(1) Optimisation	The INT not only meets the criteria, but is also actively refining and improving their approach. They are setting a standard for other INTs to follow.

Alliances.

Reporting Month

March 2024

Executive Lead

Alliance Deputy Directors

SRO

Alliance Directors

RAG

Amber

Area of work	Commentary	Current RAG
Dementia Diagnosis	Alliance teams are supporting the completion of the new dementia self-assessment toolkit that is currently being tested with our ICS. This project is being funded centrally by the Department of Health and Social Care as part of a national pilot. The toolkit is designed to be completed by each “place”, or Alliance, within Mid and South Essex ICS and is not directed at any particular provider. This is a unique opportunity to showcase what is happening across our ICS and raise areas we would like support in to a national level.	
Learning Disability Health checks	Joint working with Southend Essex Thurrock (SET) LD Forum. Regular training/promotion of work needed at Time to Learn session with primary care. Monthly IIF dashboards including LD AHC performance are circulated to PCNs. Follow-up discussions at PCN level are held by Alliance clinical leads where required. Regularly review and initiate action on LD health check performance at local Health Inequalities Groups	
Cardiovascular Disease (CVD) Prevention	The Alliance teams are supporting the health inequalities team in the implementation of the CVD Local Enhanced Service (LES), promoting and encouraging PCNs to sign up to the LES. The LES aims to improve CVD outcomes and in the longer-term reduce emergency admissions and prevent the escalation of risk. It asks PCNs to collaborate and provide holistic care through multimorbidity clinics with clinical interventions determined within the PCN, by utilising the wider PCN network and workforce in delivering care.	
Seriously mentally ill (SMI) Healthchecks	Regular training/promotion of work needed at Time to Learn session with primary care. Monthly performance circulated to PCNs. Follow-up discussions at PCN level are held by Alliance clinical leads where required. Regularly review and initiate action on SMI health check performance at local Health Inequalities Groups. Supporting the MSE accelerator site project for SMIs by working closely with PCNs and the central team to help embed processes and learning	

Better Care Fund/Discharge Fund

Reporting Month

March 2024

Executive Lead

Deputy Directors

SRO

Alliance Directors

RAG

Green

BCF - All 4 Alliances maintained partnership BCF governance groups with LA partners.

An MSE wide BCF group has being established to share good practice and learning across the Health and Wellbeing footprints.

Q3 BCF reporting completed and will go to the Health and Wellbeing boards for governance sign off.

The BCF metrics dashboard has been automated and is now available in Athena for the BCF groups to utilise.

A capacity and demand support offer from the Regional team and LGA is being considered by the Southend BCF leadership team

Recent presentations covering iBCF projects and outcomes within Essex LA meetings have had included:

- Able like Mable (a falls prevention offer)
- Dementia services update
- Carers support
- Recovery to home beds project roll out report
- Social Prescribing
- TEC role roll out

Within Southend:

- Finance and activity report
- Metrics overview

Discharge Fund - An evaluation session has been completed to support the prioritisation of the 24/25 spend in relation to supporting discharge, this will now progress via ICB and BCF governance.

- Monthly reporting on the discharge fund maintained

Transfer of Care Hubs (TOCH)

Reporting Month

March 2024

Executive Lead

Deputy Directors

SRO

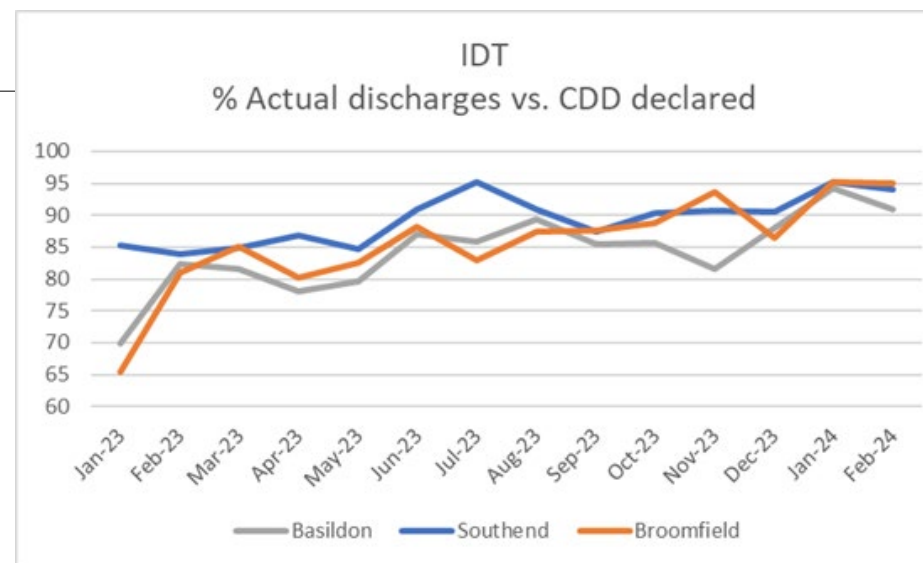
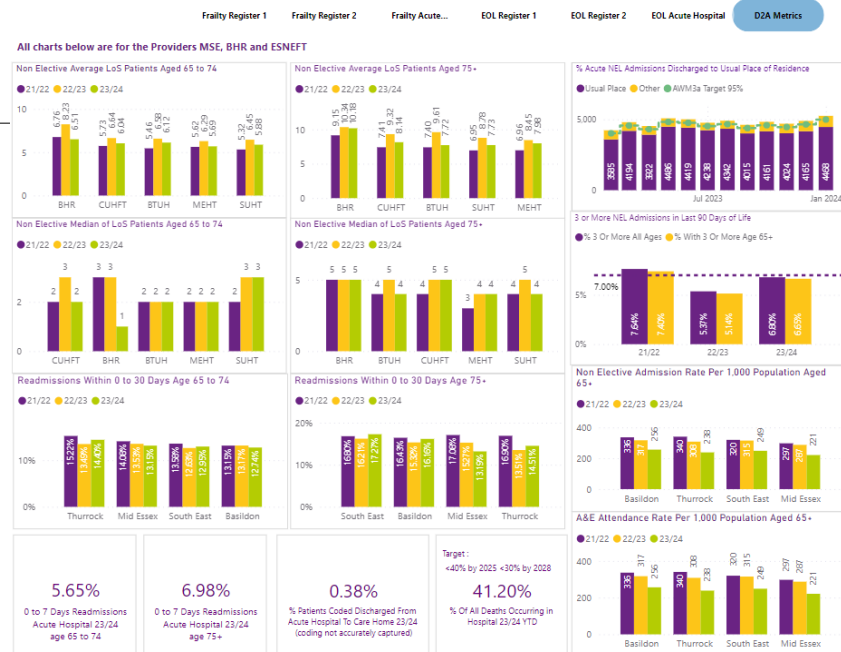
Alliance Directors

RAG

Green

Transfer of Care Hubs

- All 4 TOCH went live in December with leadership from the community teams, Adult Social care and Acute team.
- Evaluation of the first 3 months running is in progress to support Phase 2 planning
- A digital workshop is planned for March to support the digital integration agenda, Shared Care record going live in June will be part of the solution for Digital integration
- The voluntary sector support model for the TOCHs is being reviewed across the Alliance to build into Phase 2 planning
- Initial TOCH metrics now live on Age well Dashboard
- Confirmation of escalation routes within System Control Centre to the TOCH coordinators completed
- A monthly steering group remains in place.
- Operational Performance remains focused on the discharge from Hospital metrics to ensure flow is supported by TOCH developments – it is still early in the TOCH development to show significant changes in this data currently.

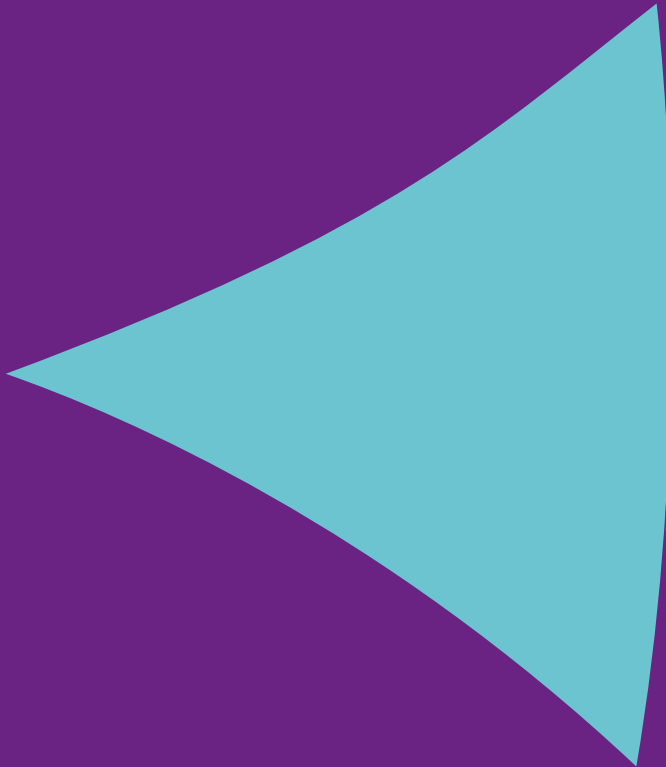




Mid and South Essex
Integrated Care
System



Mid and South Essex



Alliance Directors
Dan DOHERTY,
Pam GREEN,
Aleksandra MECAN,
Rebecca JARVIS,

www.midandsouthessex.ics.nhs.uk

MID & SOUTH ESSEX ICB BOARD - 18 MARCH 2024

Agenda Number: 13

Purchase of Healthcare Expiring Contracts Over £10m – March 2024

Summary Report

1. Purpose of Report

This paper details healthcare contracts that are due to expire on 31 March 2024, where the contract value is greater than £10m. For each contract the report sets out where a course of action is approved, or proposed and indicates where future procurements are planned.

2. Executive Lead

- Name: **Jennifer Kearton**
- Job Title: **Director of Resources**

3. Report Author

- Name: **Janette Joshi**
- Job Title: **Deputy Director of Contracting**

4. Responsible Committees

This recommendations in this report have been supported by MSE ICB Finance & Investment Committee on 24 January 2024.

5. Link to the ICB's Strategic Objectives

The ICB has adopted the Health and Care Partnership five-year strategy which has key ambitions to and should be reflected by all Healthcare Contracts:

- Reduce health inequalities
- Create opportunities, supporting education and local employment
- Support health and wellbeing, through prioritising prevention, early intervention and self-care
- Bring as much care as is safe and possible closer to where people live
- Improve and transform our services.

6. Impact Assessments

N/A

7. Financial Implications

The contracts identified in this paper have existing budgets within the current financial year, and therefore the paper is not requesting new investment decisions. Financial values quoted relate to 2023/24, and are therefore indicative, subject to the operational planning guidance requirements and inflationary uplifts.

8. Details of patient or public engagement or consultation

N/A

9. Conflicts of Interest

None identified

10. Recommendation/s

The Board is asked to:

- Note the status and recommended course of action reported for each contract.
- Approve the recommendation to proceed with the identified procurement route, under the Provider Selection Regime.
- Approve the recommendation by FIC to proceed with the proposed course of action.

Purchase of Healthcare Expiring Contracts Report

March 2024

1. Introduction

This paper details the position on a number of the contracts that are managed by the MSEICB Purchase of Healthcare Team (“PoHCT”) and are due to expire on 31 March 2024. For each contract the report sets out where a course of action is approved, or proposed and indicates where future procurements are planned.

The Provider Selection Regime (PSR) came into force on 1 January 2024, and relevant authorities – NHS England, ICBs, NHS trusts and NHS foundation trusts, and local authorities and combined authorities must now apply the PSR when procuring healthcare services.

Relevant authorities must identify which provider selection process is applicable for the health care service they are arranging.

The processes are:

- Direct award process A (The existing provider is the only capable provider),
- Direct award process B (People have a choice of providers, and the number of providers is not restricted by the relevant authority),
- Direct award process C (The existing provider is satisfying the existing contract and will likely satisfy the proposed new contract, and the contract is not changing considerably),
- Most suitable provider process (Allows the relevant authority to make a judgement on which provider is most suitable based on consideration of the key criteria. Award without competitive tender),
- and Competitive process (Where the relevant authority cannot use any of the other processes or wishes to run a competitive exercise).

Attain have developed a PSR Risk and Decision Toolkit in order to support the ICB, which recommends the most suitable procurement route for healthcare services under PSR. Attain have been consulted in the proposed courses of action for each of the contracts within this paper.

2. Main content of Report

The purpose of this paper is to ensure appropriate ICB governance is in place to comply with the change in procurement legislation.

The contracts listed in the appendices to this paper were supported by the MSE ICB Finance and Investment Committee on 21 January 2024, and have been brought to the Board for approval in line with the Scheme of Reservation and Delegation, due to proposed contract values in excess of £10m.

The contracts identified in this paper have existing budgets within the current financial year, and therefore the paper is not requesting new investment decisions. Financial values quoted relate to 2023/24, and are therefore indicative, subject to the operational planning guidance requirements and inflationary uplifts. Contract values presented reflect the closing 2023/24 contract values.

Acute & Ambulance Services

There are **7** contracts that expire by the end of March 2024, where contract values will be in excess of £10m.

There are **3** contracts with NHS Providers for General and Acute Services. Operational Planning and NHS Payment System Guidance requires MSE ICB to contract with the identified providers under the Aligned Payment Incentive mechanism. The ICB contracts directly with Barking, Havering & Redbridge NHS Trust, while the other NHS Providers are contracted for on an Associate basis.

There are **3** contracts with Independent Sector Providers of elective services. The contracts include provision for compliant contract extensions for a period of 7 months (in line with the Increasing Capacity Framework end date). However, the proposal is not to enact the 7 month compliant contract extensions, but to now direct award under PSR DAP B for a period of 12 months to cover the full financial year. This has been supported by FIC, and in line with the approach adopted for the other Independent Sector providers.

There is **1** contract with NHS East of England Ambulance Service NHS Trust (EEAST) for Emergency 999 services. The current 6 year contract expires at the end of March. Suffolk and North East Essex are the co-ordinating commissioner, who are leading the contracting discussions. Contract length is expected to be 3 years, however this is still to be negotiated.

Mental Health Services

There is 1 contract with EPUT for core Mental Health Services. The current 5 year contract expires at the end of March. The proposal is to award the contract for a period of 2 years under PSR DAP A, and serve 12 months notice on the following services, in order to align end dates for an intended procurement; South East NHS Talking Therapies, South East PT-SMHP, Mid, Thurrock, South East and BB MHPs in Primary Care Networks, South East and Thurrock SMI Health Checks Services. There is a separate commissioning paper that gained Executive approval on 12 December 2023 which details the wider procurement plans for NHS Talking Therapies, Integrated Primary Care Community Services and Recovery Colleges.

Board level approval is required in line with the SoRD due to the expected annual contract value, as highlighted within the appendices.

Community

There are **2** contracts that expire by 31 March 2024.

The 2 main hospices agreements are proposed to be awarded under DAP A for a contract length that is coterminous with the new Rapid Access contracts (1st April 2024 to 31st July 2026 with option to extend to 31st July 2027).

3. Conclusion

The 10 contracts listed in the appendices to this paper were supported by the MSE ICB Finance and Investment Committee on 21 January 2024, and have been brought to the Board for approval in line with the Scheme of Reservation and Delegation, due to proposed contract values in excess of £10m.

Contracting arrangements will need to be put into place from 1 April 2024 to ensure continuity of service.

The proposed contracting arrangements will need to be awarded under the Provider Selection Regime (PSR), utilising the selection route identified in the Appendices.

Notwithstanding the need to prepare the necessary documentation to ensure compliance with internal governance, in order to ensure compliance with the transparency requirements of the Provider Selection Regime (PSR), Contracting Authorities are required to publish certain notices pertaining to each contract award.

The Purchase of Healthcare Team will work with procurement advisers Attain to ensure that all necessary Contract Award Notices are prepared and published in line with the new legislation.

4. Recommendation(s)

The Board is asked to:

- Note the status and recommended course of action reported for each contract.
- Approve the recommendation to proceed with the identified procurement route, under the Provider Selection Regime.
- Approve the recommendation by FIC to proceed with the proposed course of action.

5. Appendices

Appendix A – Expiring Contracts >£10m

ROCI ID#	Contract Awarded (provider name as stated within the contract)	Work Stream	Service Description	Contract type (e.g. NHS Standard - short/full/Provision of Services, Letter of Intent, Implied Contract, GMS etc.)	Executive Director	Expiry Date (Date Service Ceases)	Closing MSEICB (QH8) Contract Value (23/24)	Other Commissioners Annual Contract Value	Closing Annual Contract Value (£) (Total) (23/24)	Coordinating Commissioner	Proposed Course of Action	Intended Procurement/Selection Route	BOARD APPROVAL REQUIRED - NEW SORD?
201	East of England Ambulance Service NHS Trust (EEAST)	Ambulance	Patient Transport (Emergency 999)	NHS Standard Contract - Full Length	Matthew Sweeting	31/03/2024	£ 72,372,929	N/A	£ 72,372,929	North East & Suffolk ICB	Contracting discussions led by SNEE ICB. Meetings series scheduled and inclusion of ICB Leads and EEAST. Contract Length expected to be 3 years, however still to be finally confirmed. Includes MH Joint Response Car, which will be a service line on main contract as opposed to separate standalone contract.	Associate (PSR DAP A)	YES
2092	Spire - Wellesley, Hartwood & London East	Acute	Acute Elective Care	NHS Standard Contract - Full Length	Matthew Sweeting	31/03/2024	£ 14,993,621	No	£ 14,993,621	MSEICB	Do not enact the compliant extension period of 7 months (in line with the NHSE framework). Propose award for 12 months/full financial year under PSR	PSR - DAP B	YES
2095	Ramsay - Springfield	Acute	Acute Elective Care	NHS Standard Contract - Full Length	Matthew Sweeting	31/03/2024	£ 18,087,550	£ 1,219,666	£ 19,307,216	MSEICB	Do not enact the compliant extension period of 7 months (in line with the NHSE framework). Propose award for 12 months/full financial year under PSR	PSR - DAP B	YES
2097	SpaMedica	Acute	Acute Elective Care	NHS Standard Contract - Full Length	Matthew Sweeting	31/03/2024	£ 10,551,958	No	£ 10,551,958	MSEICB	Do not enact the compliant extension period of 7 months (in line with the NHSE framework). Propose award for 12 months/full financial year under PSR	PSR - DAP B	YES
2582	Barking, Havering & Redbridge University Hospital NHS Trust (BHRUT)	Acute	General Acute Services	NHS Standard Contract - Full Length	Matthew Sweeting	31/03/2024	£ 42,078,969	£ 12,168,519	£ 54,247,488	MSEICB	Direct award for 12 months	PSR - DAP A	YES
2583	Barts Health NHS Trust	Acute	General Acute Services	NHS Standard Contract - Full Length	Matthew Sweeting	31/03/2024	£ 21,453,280	N/A	£ 17,657,649	Associate	Direct award for 12 months	Associate (PSR DAP A)	YES
2600	East Suffolk & North Essex Foundation Trust (ESNEFT)	Acute	General Acute Services	NHS Standard Contract - Full Length	Matthew Sweeting	31/03/2024	£ 32,719,003	N/A	£ 32,719,003	Associate	Direct award for 12 months	Associate (PSR DAP A)	YES
123	Essex Partnership University NHS Foundation Trust (EPUT)	Mental Health	Mental Health Services for Adults and Infant Mental Health Service conception 2	NHS Standard Contract - Full Length	Giles Thorpe	31/03/2024	£157,616,308	£ 42,617,905	£200,234,213	MSEICB	Award Contract for 2 years. 12mth notice to be served immediately on the following services, in order to align end dates for intended procurement: South East NHS Talking Therapies, South East PT-SMHP, Mid, Thurrock, South East and BB MHPs in Primary Care Networks, South East and Thurrock SMI Health Checks Services.	PSR DAP A	YES
1418	Farleigh Hospice	Hospice / End Of Life	IPU, Hospice at Home, Bereavements Services, and	NHS Standard Contract - Shorter Form	Matthew Sweeting	31/03/2024	£ 4,451,744	No	£ 4,451,744	MSEICB	Propose award in line with new Rapid Access Contract Term - 1st April 2024 to 31st July 2026 with option to extend to 31st July 2027. (40 months)	PSR - DAP A	YES
1423	St Luke's Hospice (Basildon and District)	Hospice / End Of Life	One Response, South Essex Lymphoedema Service, CNS Palliative Care Team, Specialist Occ Therapy, Advanced Care Planning (EoL Facilitators), Gold Standard Framework Facilitators (Thurrock), Frailty and Care Home Support Service	NHS Standard Contract - Shorter Form	Matthew Sweeting	31/03/2024	£ 5,459,535	No	£ 5,459,535	MSEICB	Propose award in line with new Rapid Access Contract Term - 1st April 2024 to 31st July 2026 with option to extend to 31st July 2027. (40 months)	PSR - DAP A	YES

Part I ICB Board meeting, 21 March 2024

Agenda Number: 14.1

Board Assurance Framework

Summary Report

1. Purpose of Report

To provide assurance to the Board regarding the management of strategic risks via the latest version of the Board Assurance Framework (BAF).

2. Executive Lead

Tracy Dowling, Interim Chief Executive Officer and named Directors for each risk as set out on the BAF.

3. Report Author

Sara O'Connor, Senior Corporate Services Manager

4. Responsible Committees

Each sub-committee of the Board is responsible for their own areas of risk and receives risk reports to review on a bi-monthly basis.

5. Conflicts of Interest

None identified.

6. Recommendation/s

The Board is asked to consider and comment upon the Board Assurance Framework and seek any further assurances required.

Board Assurance Framework

1. Introduction

The ICB Board is responsible for ensuring that adequate measures are in place to manage its strategic risks. This is discharged through oversight of the Board Assurance Framework (BAF) by the Audit Committee which reviews the BAF at each committee meeting.

2. Risks currently on the Board Assurance Framework

The current BAF, provided at **Appendix 1**, includes the following strategic risks:

- Workforce
- Primary Care
- Capital
- Urgent Emergency Care (UEC) and System Co-ordination
- Diagnostics, Elective Care and Cancer Performance
- System Financial Performance
- Inequalities
- Mental Health Services

The BAF also includes an updated summary of Mid and South Essex NHS Foundation Trust and Essex Partnership University NHS Foundation Trust's red risks (as set out in the latest Board reports available on their websites).

3. Review of ICB Risk Management Arrangements

The annual audit of the ICB's risk management and assurance framework 2023/24 identified 'reasonable' assurance with 1 medium priority recommendation.

The ICB is in the process of implementing the RLDatix DCiQ database (which includes an electronic risk management system) from April 2024 to manage risks and the Board Assurance Framework (BAF). In preparation for DCiQ, work has commenced to review all risks on the current corporate risk register. DCiQ will provide improved management, escalation, and oversight of risks at all levels of the organisation with improved risk reporting to enable the ICB to better embed and mature its risk management framework. Consequently, the format of future risk/BAF reports to the Board and committees will be revised.

In addition, work has commenced to plan the development the ICB's risk appetite and strategic objectives via a Board seminar in due course.

4. Recommendation

The Board is asked to consider the latest iteration of the Board Assurance Framework and seek any further assurances required.

5. Appendices

Appendix 1 - Board Assurance Framework March 2024.



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Board Assurance Framework

March 2024

Contents

- Summary Report.
- Individual Risks - controls, barriers, assurance and actions.
- Main provider risks (MSEFT & EPUT).

BAF Risks – Summary Report

No	Risk and Key Elements	SRO(s)	Key Assurances (further information on individual risk slides)	RAG
1.	WORKFORCE: <ul style="list-style-type: none"> Workforce Strategy Primary Care Workforce Development (see Primary Care Risk) Provider recruitment Managing the care market 	L Adams	<ul style="list-style-type: none"> Regular Workforce reporting to System Oversight and Assurance Committee (SOAC) and People Board Regional Provider Workforce Return (PWR). Reduction in unfilled vacancies and Improved attrition and turnover rates. Reduction in bank and agency usage leading to positive impact on patient safety/quality. Improved resilience of workforce. 	4 x 5 = 20 
2.	PRIMARY CARE <ul style="list-style-type: none"> Primary Care Strategy Workforce Development Primary Care Network Development Financial and contractual framework. 	P Green	<ul style="list-style-type: none"> Patient Survey Results. Workforce Retention. Improved Patient to GP Ratio. Better patient access, experience and outcomes Consultation data (volume, speed of access), digital tool data (engagement and usage) 	4 x 5 = 20 
3.	CAPITAL <ul style="list-style-type: none"> Making the hospital reconfiguration a reality Estates Strategy Integrated Medical Centre Programme Digital Priorities and Investment 	J Kearton	<ul style="list-style-type: none"> Throughput of business cases to FIC. Delivery of Estates Strategy. Progress reporting on investment pipeline. Monthly reporting of capital expenditure as an ICS to NHSE. 	4 x 4 = 16 
4.	UEC AND SYSTEM CO-ORDINATION ('Unblocking the Hospital) <ul style="list-style-type: none"> Managing 111 and Out-of-Hours Flow, Discharge, Virtual Ward projects Discharge to Assess 	E Hough	<ul style="list-style-type: none"> Monthly MSE UEC Board monthly oversees programme and reports into SOAC and ICB Board. MSE Executive Discharge Group oversee patient flow. Hospital discharges monitored hourly/daily and shared with social care and CHC teams via situational awareness 10am system call. 	5 x 4 = 20 
5.	DIAGNOSTICS, ELECTIVE CARE AND CANCER PERFORMANCE <ul style="list-style-type: none"> Clearing waiting list backlogs 	Dr M Sweeting	<ul style="list-style-type: none"> SOAC maintains oversight of performance against all NHS Constitutional Standards. Diagnostics: MSE Diagnostic Reporting to System Diagnostic Board & Diagnostic Performance Sub-Group. Cancer: MSEFT Cancer performance report: Fortnightly meetings with National Team as a Tier 1 Trust. RTT: Elective Care Board: MSEFT RTT Long Wait Report. 52+ week waiting list size growth is the significant risk overseen via elective board. Fortnightly meetings with National Team as a Tier 1 Trust. 	5 x 4 = 20 
6.	SYSTEM FINANCIAL PERFORMANCE <ul style="list-style-type: none"> Financial Improvement Plan System Efficiency Programme Use of Resources 	J Kearton	<ul style="list-style-type: none"> Delivery of the agreed position at year end. Forecast is £40.3m in line with plan and agreed additional funding. Improved delivery throughout the medium term (5 years) to system breakeven. Overseen by Finance & Investment Committee and the Chief Executives Forum, also discussed at SLFG and SOAC. Internal and External Audits planned. 	5 x 4 = 20 
7.	INEQUALITIES <ul style="list-style-type: none"> Inequalities Strategy Data Analytics Population Health Management 	E Hough	<ul style="list-style-type: none"> Monitoring of Slope Index of Inequality (measure of social gradient in life expectancy) in MSE. Improvement in access and reduction of health inequalities as shown in the performance metrics, of which our priorities are currently being developed. Continued restoration of NHS services inclusively resulting in improved access to services and patient outcomes for the MSE population. 	4 x 4 = 16 
8.	MENTAL HEALTH QUALITY ASSURANCE <ul style="list-style-type: none"> Workforce challenges Demand and capacity Performance against standards External scrutiny Addressing health inequalities/equitable offer across MSE. 	Dr G Thorpe	<ul style="list-style-type: none"> CQC action plan progression / Implement recommendations from CQC inspections and HM Coroner's PFDR. Reporting to Clinical Quality Review Group. Outcome of Quality Assurance visits. Improved flow and capacity, reduction in OOA placements and reduced length of stay. Mental Health Partnership Board & Whole System Transformation Group (WSTG). Reports to SOAC to identify key quality/performance risks and action being taken. Internal Audit of Oversight of MH Services - Reasonable Assurance (Dec 22). Accountability review with focus on performance. 	4 x 4 = 16 

Risk Narrative:	WORKFORCE: Risks associated with the ICB and partner organisations not taking effective action to improve recruitment and retention of permanent staff to reduce reliance on bank/agency staff; and not taking effective action to ensure there is a reliable pipeline of staff to fill future vacancies.	Risk Score: (impact x likelihood)	4 x 5 = 20
Risk Owner/Dependent:	Lisa Adams, Interim Executive Chief People Officer	Directorate: Committee:	People Directorate System Oversight & Assurance
Impacted Strategic Objectives:	Diverse and highly skilled workforce	BAF Risk Ref:	PO1, MENH12

Current Performance v's Target and Trajectory

RECRUITMENT MSEFT: Against target of 11.55%, vacancies improving month on month for 6 months down to 8.9% in Feb (from high of 15.6% in July 22). Nursing and midwifery vacancies down to 8.5% (from significant high of 19.1% for nurses & 24.6% for midwives July 22). Medical & dental vacancies down to 7.6% in February against target of 11.5% **EPUT:** overall vacancy rate now at 8.5% against 12% target. EPUT on plan for substantive staffing.

TURNOVER: MSEFT: Continued downward trend from a peak of 15.6% in August 2022 to 11.1% in February 2024 against target of 12%. Nursing turnover down to 8.8%, midwifery 7.9% (19.1% in July 2022). Medical and dental less improvement - 13.1% against target of 12% (17.5% in July 2022). **EPUT:** Staff Turnover down to 9.2% against 12% target

BANK & AGENCY: EPUT agency spend £2.3m lower than Feb 2023, but 7% total pay bill over course of FY. EPUT operating significantly over establishment , using unbudgeted temporary workforce to support observation and engagement.

How is it being addressed? (Current Controls)	Barriers (Gaps)
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<p>With vacancies and turnover in an improved position, focused work continues across Finance, Workforce/People, Operations and Clinical leadership to see these benefits reflected in lower use of temporary staffing. The following stronger workforce controls have been put in place to facilitate this change:</p> <ul style="list-style-type: none"> <input type="checkbox"/> EPUT: Commitment from operational and clinical leads to bring staffing levels back to Establishment: <ul style="list-style-type: none"> - Bank & agency reduction plan through sustainable measures (eliminating long term agency placements; tightening rostering practice, increasing Direct Engagement uptake for medics and AHPs; potential transfer to NHS Professionals Secondary Bank and re-negotiating rates with preferred suppliers). - Targeted work on cost reduction for staff groups with high temporary staffing spend, while maintaining Time to Care safe staffing levels, with a focus on rostering - Establishment Control panels in for all care units and corporate services, including Medical. review medical vacancies and agency assignments, alongside a recruitment strategy for Consultant posts. <input type="checkbox"/> MSEFT: Greater triangulation between nursing, finance and HR with continued sprint on 'Improving Value'. <ul style="list-style-type: none"> - Bank and agency controls implemented (including those imposed by Triple Lock). - Nursing, Medical and Corporate Assurance groups set up for senior leaders to approve resourcing requests and a 6-week forward look. - Recruitment freeze for non-clinical roles. - Improved rostering processes in train (though needs to be scaled including moving all medics onto e roster) - Regular audit of most costly locums alongside clear recruitment plans to fill posts - Improved accuracy of staffing categories – specifically 'unique post identifiers' - Upskilling and training for off framework and booking approach for temp staffing - Review of doctor's bank booking platform with more robust controls - Push to move staff from temporary to substantive 	<ul style="list-style-type: none"> • Compliance and controls will make a difference and is the right discipline. • However, sustainable change will require significant decisions around size, shape and skill mix of future workforce aligned to priorities. The current operational planning is an opportunity to achieve that.
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How will we know controls are working? (Internal Groups and Independent Assurance)	Next Steps:
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<ul style="list-style-type: none"> • Reduction of percentage of workforce that is over –Establishment and unfunded. • Reduction in temporary staffing spend. • Evidence of better value for money where temporary staffing continues to be needed. 	<ol style="list-style-type: none"> 1. Ongoing compliance and control tracking. 2. 2024/5 operational planning to agree affordable staffing levels and commitment to manage to that workforce plan.
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Risk Narrative:	PRIMARY CARE: As a result of workforce pressures and demand outstripping capacity, patient experience and pathways may not adequately meet the needs of our residents.	Risk Score: (impact x likelihood)	4 x 5 = 20
Risk Owner:	Pam Green – Basildon & Brentwood Alliance, Exec Lead for Primary Care William Guy, Director of Primary Care.	Directorate: Board Committee:	Clinical and Professional Leadership Primary Care Commissioning Committee
Impact on Strategic Objectives/ Outcomes:	Patient Experience, Harm, Access, ARRS, Hospital performance, reputational damage.	BAF Risk Ref:	CPLPC02, CPLPC03, CPLPC07

Current Performance v's Target and Trajectory	Barriers (Gaps)
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<p><u>Workforce:</u></p> <ul style="list-style-type: none"> Additional Roles Re-imburement Scheme (ARRS): Good progress has been made on the recruitment of ARRS staff: 120 FTEs recruited in 22/23. 87% of planned recruitment successfully delivered. Forecast utilisation of resources at £24m (£7.7m + on 22/23) Fellowship scheme: New scheme now in place and first fellows have commenced roles. Patient to GP Ratio: BB/Thurrock in top 10 worst ratio in country. <p><u>Demand/Capacity:</u></p> <ul style="list-style-type: none"> Patient Experience National Survey: Poor performance locally in terms of access. Available Appointments: 7.7% increase on consultations Apr – Dec 24 (vs 23) Impact should be noticeable in the 23/24 (published July 24) survey. 	<ul style="list-style-type: none"> National workforce challenges (recruitment and retention). Resource for investment in infrastructure (estate, digital, telephony etc). Increase in overall demand on primary care services. Overall funding of primary care.
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How is it being addressed? (Current Controls)
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<ul style="list-style-type: none"> Access Recovery Plan – 10 Self Referral Pathways established, Cloud Based Telephony roll out to ensure all practices have compliant system by end of June 24. Workforce development e.g. Additional Roles Reimbursement Scheme (ARRS) workforce and practice level initiatives (impact over 3-5 years). Additional investment in Digital solutions planned for 24/25. Initiatives for new GPs / Partners and to support other roles in Practice Teams. Supporting succession planning within GP practices. Primary Care Network (PCN) Development.

How will we know it's working? (Internal Groups & Independent Assurance)	Next Steps (and date):
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<ul style="list-style-type: none"> Patient Survey Results (due July 2024). Workforce retention rates (monthly data). Latest data indicates marginal improvement in GP retention rates. Improved Patient to GP Ratio (quarterly data). Consultation data (volume, speed of access), digital tool data (engagement and usage), monthly data currently showing upward trends. 	<ul style="list-style-type: none"> Cloud Based Telephony (CBT) – Phase 2 roll out to be completed by end of June 24. Integrated Neighbourhood Team Scheme – submissions approved – PCNs delivering (to conclude end March 2024) Access Recovery Plan presented to Thurrock and Essex HOSCs in January. Implementation progressing (2 year plan ending March 2025). National contract negotiation outcomes announced – currently being reviewed internally (by end March 2024). Contract goes live April 2024.
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Risk Narrative:	CAPITAL: Insufficient capital to support all Primary Care needs, necessitates prioritisation against the agreed matrix. This could result in delays to improvements impacting on access to and quality / performance of services. System wide capital is also constrained and delays in projects could impact on delivery within year.	Risk Score: (impact x likelihood)	4 x 4 = 16
Risk Owner/Dependent:	Jennifer Kearton, Executive Director of Finance & Estates Ashley King, Director of Finance Primary Care, Financial Services & Infrastructure	Directorate: Board Committee:	System Resources Finance & Investment Committee (FIC) Primary Care Commissioning Committee
Impacted Strategic Objectives / Outcomes:	Patient Experience, Equality of Access, Workforce, Harm	BAF Risk Ref:	SREST02

Current Performance v's Target and Trajectory	Barriers (Gaps)
<ul style="list-style-type: none"> Delivering the capital plans as per the investment plan (pipeline). Future decisions to be made based on available capital and revenue resources. 	<ul style="list-style-type: none"> Medium Term prioritisation framework to guide investment, Expectations of Stakeholders outstrip the current available capital. 'New' accounting rules relating to the capitalising of Leases has resulted in greater affordability risk. Impact of system financial position ('triple lock').

How is it being addressed? (Controls & Actions)
<ul style="list-style-type: none"> Developing Infrastructure Strategy and revised medium term prioritisation framework for pipeline of investments. Oversight by Finance & Investment Committee, System Finance Leaders Group and Executive / Senior Leadership Team. System Investment Group sighted on 'whole system' capital and potential opportunities to work collaboratively. Working with NHSE / Trusts to deliver the Acute Reconfiguration Programme. Prioritisation framework for Primary Care Capital now established and under regular review. Prioritised list of investments informed submission of the 2023/24 capital plan (submitted May 2023) and forming the basis of the 2024/25 capital plan. Current years plan within capital envelope Work commenced on 2024/25 Capital Plan and ICS Infrastructure Strategy

How will we know it's working? (Assurance)	Next Steps:
<ul style="list-style-type: none"> Throughput of business cases to FIC. Delivery of Capital/Estates Plans. Progress reporting on investment pipeline. Monthly reporting of capital expenditure as an ICS to NHSE. 	<ul style="list-style-type: none"> Infrastructure Strategy (indicative July 2024). Primary Care Projects Review on-going (Q3 & Q4 23/24). Training for Board & Exec (senior managers) on capital funding framework (Q1 24/25). 2024/25 Capital Plan Development & Submission (Jan – Mar 2024 and subject to national guidance)

Risk Narrative: ~~~~~	UEC and System coordination (formerly ‘unblocking the hospital’): Risk that ICB and providers organisations are unable to effectively manage / coordinate the capacity across the system and the inability to deliver effective care to patients.	Risk Score: (impact x likelihood)	5 x 4 = 20
Risk Owner/Dependent:	Emily Hough, Director of Strategy and Corporate Affairs Samantha Goldberg, Urgent Emergency Care System Director	Directorate: Committee:	Oversight, Assurance and Delivery. MSE Strategic UEC Board and System Oversight and Assurance Committee (SOAC).
Impacted Strategic Objectives:	Improving and transforming our services.	BAF Ref:	PLAC04 and UNPC05
Current Performance v’s Target and Trajectory		Barriers (Gaps)	
Emergency Department performance below constitutional standard, as are ambulance response times, although improvement in reducing ambulance delays 30+ minutes delays across MSEFT. Ambulance demand reverted to pre-pandemic levels. Targets for Q4 to deliver 76% ED Performance and 90% 30 minute ambulance performance.		<ul style="list-style-type: none"> Health and Social Care capacity to facilitate discharge into the right pathway impacts on MSEFT flow and community. Workforce challenges (See Risk PO1). 	
How is it being addressed? (Current Controls)			
<ul style="list-style-type: none"> 2022/23 Winter capacity physical/virtual beds at acute ended 30 June 2023, Hospices (Post FIC approval) ending 31 July 2023 and Community continue under review completed. MSEFT ‘UEC Improvement Programme’ launched in March 2023, focusing on improving a reduction in admissions, improving flow and discharge, and reducing length of stay. Collectively contributing towards 76% A&E (all-type) performance against the four-hour standard, 30 minutes category 2 ambulance handovers and 92% bed occupancy. Trajectories for delivery of the 76% A&E (all-type) performance against the four-hour standard compiled by hospital site, feeding into one aggregated MSEFT trajectory. Increased focus on discharging pathway zero patients, and 21+ LOS patients. Community and Voluntary Sector (CVS) engagement in progress to support admission avoidance and discharge. Alliance plans for Transfer of Care Hubs continues (report submitted to Part I Board, 28 September 2023). SHREWD Resilience now fully operational and embedded into daily practice and seeking further opportunities to provide data to support operational and strategic planning. System Co-ordination Centres now operational and core function of the ICB overseeing Surge and proactively working with system partners. MSE is an early adopter for Alternative to Emergency Departments (A-tED) - tool identifying improvement opportunities to optimise utilisation of services. 			
How will we know controls are working? (Internal Groups and Independent Assurance)	Next Steps		
<ul style="list-style-type: none"> Monthly MSE UEC Board monthly oversees programme and reports into SOAC and ICB Board. MSE Executive Discharge Group oversee patient flow. Hospital discharges monitored hourly/daily and shared with social care and CHC teams via situational awareness 10am system call. 	<ul style="list-style-type: none"> MSE UEC Recovery Programme from national UEC Recovery Plan in place with provider trajectories. Oversight and responsibility with UEC System Director to track progression of action delivery with ICS partners at the monthly ‘UEC Transformation & Improvement Board’. Unscheduled Care Co-ordination Hub to maximise alternative pathway direct referrals / attendance/admission avoidance. Soft launch week undertaken in September with evaluation for completed. Scheme implemented from 16 November – 31 March 2024, and progressing. Introduction of the Transfer of Care Hubs (TOCH) from December 2023. MSE system with AGEM creating and adopting bed/capacity & demand planning model. Pilot commenced in September and ICB Executive approved progression of platform build for one year from November 2023-November 2024. Currently in the procurement process for provider. Winter plan submitted. Triggers required for opening up acute beds as per winter plan approved by Health CEOs and monitored weekly. System Co-ordination Centre physical room setup with screens displaying data support real-time decision making for operational patient flow. System MADE scheduled from 17 – 28 March 2024 to support right patient in right place, and release capacity prior to Easter. 		

Risk Narrative:	DIAGNOSTICS, ELECTIVE CARE AND CANCER PERFORMANCE: Risk of not meeting relevant NHS Constitutional Performance Standards.	Risk Score: (impact x likelihood)	5 x 4 = 20
Risk Owner/Dependent:	Matt Sweeting, Interim Director of Clinical Leadership and Innovation (Cancer) Aleks Mecan, Alliance Director Thurrock (Diagnostics) Karen Wesson, Director Oversight Assurance (Elective)	Directorate: Committee:	Oversight, Assurance & Delivery. System Oversight & Assurance.
Impacted Strategic Objectives:	Recovery of constitutional waiting times standards for diagnostics, cancer and Referral to Treatment (RTT), achievement of Operational Planning commitments.	BAF Ref(s):	PLAC01, PLAC02 and CANC02.

Current Performance v's Target and Trajectory	Barriers (Gaps)
<p>Diagnostics: Increased backlog for 13+ weeks to 2,662 as at January 2024.</p> <p>Cancer: Waiting times continue not to meet NHS constitutional standards. MSEFT recovering the variance from the 23/24 plan submission in the number of people waiting over 62 days.</p> <p>Referral to Treatment:</p> <ul style="list-style-type: none"> 65+ week wait: MSEFT updated trajectory to reduce by March 2024 to meet national expectation. As of January 2024, there were 2,643 patients. 52+ week waits: 2023/24 plan submission to reduce. Required to meet the national expectation position of zero people by March 2025. As at January 2024 position decreased for the fourth consecutive month to 7,953 patients. 	<ul style="list-style-type: none"> Cancer - requires best practice pathways in place – programme refresh to enable this work to happen – supported by Stewards. Workforce - Cancer – the previous Cancer Alliance non recurrent funded workforce has now been incorporated into the core MSEFT workforce. There is no risk to service or performance from this change. Diagnostic Capacity – capacity across diagnostics is impacting delivery of the Faster Diagnostic Standard, this is being reported and overseen in terms of actions taken via the Diagnostic Performance Sub-Group of the MSE System Diagnostic Board and the Tier 1 Cancer meeting

How is it being addressed? (Current Controls)
<p>Diagnostics:</p> <ul style="list-style-type: none"> MSEFT are developing recovery plans for all modalities and trajectories worked through and incorporated into the 2024/25 operational planning. Working with Trust to ensure clinical prioritisation and chronological booking – initial assigned risk code remaining in clinical system. <p>Cancer:</p> <ul style="list-style-type: none"> Day Zero Patient Tracking List (PTL) – focus across specific specialities. Daily review of PTL and next steps with all tracking focused on trajectory compliance. <p>Referral to Treatment (RTT):</p> <ul style="list-style-type: none"> MSEFT sites working to maximise capacity utilisation for long waits through optimal clinical prioritisation and chronological booking.

How will we know controls are working? (Internal Groups and Independent Assurance)	Next Steps (Actions to be implemented and ongoing)
<ul style="list-style-type: none"> SOAC maintains oversight of performance against all NHS Constitutional Standards. Diagnostics: MSE Diagnostic Reporting to System Diagnostic Board & Diagnostic Performance Sub-Group. Cancer: MSEFT Cancer performance report: Fortnightly meetings with National Team as a Tier 1 Trust. RTT: Elective Care Board: MSEFT RTT Long Wait Report. 52+ week waiting list size is a significant risk overseen via elective board. Fortnightly meetings with National Team as a Tier 1 Trust. 	<p>RTT and Cancer:</p> <ul style="list-style-type: none"> Fortnightly Tier 1 meetings continue with the national and regional team with oversight of actions and performance position. <p>Operational Planning 2024/25:</p> <p>System are working on the submission due 21 March 2024 (first draft).</p>

Risk Narrative:	SYSTEM FINANCIAL PERFORMANCE: The System is financially challenged with an original deficit plan for 2023/24 of £40.3m. The system faces new and increasing challenges in-year across all areas which has frustrated our attempts to deliver the deficit position for 2023/24. Our deficit plan has been amended with agreement from NHSE following the rapid reset and recommit exercise to £57m. Financial recovery plans must deliver in order to provide sustainable services for our population.	Risk Score: (impact x likelihood)	5 x 3 = 15
Risk Owner/Dependent:	Jennifer Kearton, Director of Resources	Directorate: Committee:	System Resources Finance & Investment Committee
Impacted Strategic Objectives:	Financial sustainability	Risk Ref:	SRFO01 and SRFO03, SRPH02, SRPH01, SRFO04

Current Performance v's Target and Trajectory	Barriers (Gaps)
<p>The System had initially agreed a deficit plan of £40.3m deficit (MSEFT £50m deficit, EPUT breakeven, ICB £9.7m surplus). It agreed a revised deficit plan of £57m with NHSE and following the rapid reset and recommit exercise prior to any further national support.</p> <p><i>As at M10 the system is forecasting in line with its revised forecast position.</i></p>	<ul style="list-style-type: none"> - New and emerging financial challenges being driven by workforce challenges, performance, quality and delivery. - System pressures to manage delivery (capacity). - Team capacity, due to Industrial Action Impact, Essex Mental Health Statutory Inquiry resourcing and ICB Restructure

How is it being addressed? (Controls & Actions)
<ul style="list-style-type: none"> • Escalation meetings with Regional Colleagues and regular review with national team. • Central PMO focus on efficiency delivery and new ideas for continued momentum across the medium-term planning period. • Organisational bottom-up service and division review and improvement plans in plans • Continued oversight and by Chief Executive Officers, System Oversight and Assurance Committee (SOAC) and Finance and Investment Committee (FIC) across organisations and ICB. • Control Total Delivery Group of System Chief Finance Officers established • Engagement across the system with all disciplines to escalate the importance of financial control, value for money and improving value. • Additional workforce controls – please see workforce slide. • Additional spend controls – triple lock arrangements • Appointment of Executive Director System Recovery

How will we know controls are working? (Internal Groups & Independent Assurance)	Next Steps:
<ul style="list-style-type: none"> • Delivery of the agreed <i>revised</i> position at year end. • Improved delivery throughout the medium term (5 years) to system breakeven. • Being overseen by the Finance & Investment Committee and the Chief Executives Forum, also discussed at System Leaders Finance Group (SFLG) and SOAC. • Internal and External Audits planned. 	<ul style="list-style-type: none"> - Medium Term Financial Plan developed, to inform 2024/25 planning. - Agree trajectory for financial delivery, including consideration of enacting the forecast change protocol in conjunction with NHS England currently in-train - Delivery of system efficiencies programme for 2023/24 - Refresh risk and narrative following reset of system financial forecast Q4.

Risk Narrative:	INEQUALITIES: Identification of groups at most risk of experiencing health inequalities and taking action to reduce these by improving access and outcomes.	Risk Score: (impact x likelihood)	4 x 4 = 16
Risk Owner:	Emily Hough, Executive Director of Strategy and Corporate Affairs Emma Timpson, Associate Director of Health Inequalities and Prevention	Directorate: Committee:	Strategy and Partnerships Population Health Improvement Board.
Impacted Strategic Objectives:	Reduction of Health Inequalities	BAF Ref:	GOSD06, GOSD17
Current Performance v's Target and Trajectory		Barriers (Gaps)	
<ul style="list-style-type: none"> Basildon, Southend-on-Sea and Thurrock identified as having lower life expectancy and a greater inequality in life expectancy within their populations (source ONS 2020) . Core20PLUS5 (Adult) inequalities data packs are being actioned by the Alliances. Core20PLUS5 (Children & Young People) inequalities data packs are currently being developed by the PHM team and will be shared with the Growing Well Board. Population Health Improvement Board will be establishing MSE system priorities. Key metrics and a dashboard will be established over coming months in collaboration with PHM and BI teams. 		<ul style="list-style-type: none"> Availability of BI and PHM resource. Quality improvement support for interventions. Financial resources are not yet sufficiently adjusted to reflect needs of population groups (proportionate universalism). 	
How is it being addressed? (Current Controls)			
<ul style="list-style-type: none"> Population Health Improvement Board (PHIB) provides system wide co-ordination and oversight for reducing health inequalities. PHIB along with the Alliances will provide oversight and direct priorities for the £3.4m p.a health inequalities funding. Equality and Health Inequalities Impact Assessments (EHIA) undertaken for each project. Digital EHIA tool in final stages of testing, some areas of further development identified. Training and support material developed. Further piloting with small number of projects planned for March 24. Roll out to commence in Q1 24/25 Equality Delivery System (EDS) 2022 two out of three reviews nearing completion. MSEFT selected service for review and planned for March 24. Health inequalities information statement for the 23/24 annual report in draft that identifies health inequalities data and action being taken or planned to close the gaps in outcomes. Health inequalities funding of £3.4m pa. Alliances have appointed trusted partners for 3 year period from 1 Sept. 23 to support with management of Health Inequalities funding and PHIB approved 12 MSE system wide at scale schemes covering priority areas. University of Essex evaluation of prior year projects to be published May 24. Developing a culture and system capability for addressing health inequalities progressing with MSE ICB hosting CORE20PLUS accelerator site visit with NHSE and Institute for Healthcare Improvement to share learnings. 			
How will we know controls are working? (Internal Groups and Independent Assurance)		Next Steps (Actions to be implemented by March 2024)	
<ul style="list-style-type: none"> Monitoring of Slope Index of Inequality (measure of social gradient in life expectancy) in MSE. Improvement in access and reduction of health inequalities as shown in the performance metrics, of which our priorities are currently being developed. Continued restoration of NHS services inclusively resulting in improved access to services and patient outcomes for the MSE population. 		<ul style="list-style-type: none"> Launch of digital EHIA tool (May 2024) Creation of a health inequalities dashboard (May 2024) Improvement in identification of groups at greatest risk anticipated by (March 2023) Delivery of Alliance plans to reduce Health Inequalities (March 2024) Establishment of 'Equity & Diversity Impact Assessment Panel' to review EHIA as part of formal governance (June 2024) 	

Risk Narrative:	MENTAL HEALTH QUALITY ASSURANCE: MSE Mental Health (MH) services have been identified as experiencing significant issues impacting on patient safety, quality and access which could result in poor patient outcomes.	Risk Score: (impact x likelihood)	4 x 4 = 16 (based on the highest rated risk referred to below)
Risk Owner/Dependent:	Dr Giles Thorpe, Executive Chief Nurse	Directorate: Committee(s):	Nursing & Quality Quality / System Oversight & Assurance
Impacted Strategic Objectives:	Patient Experience, Workforce, Reputational Damage	Risk Ref(s):	GOSD15, MHL01 & 02, MENH04, 11 & 12 (also related to PO1/ Workforce slide)
Current Performance v's Target and Trajectory		Barriers (Gaps)	
<ul style="list-style-type: none"> Sub-Optimal performance against several quality and contract indicators, lack of formal contractual oversight for escalation. Demand, capacity and flow issues resulting in long length of stay and continued out of area (OOA) placements of patients above the Long Term Plan (LTP) expectation. Significant external scrutiny from media, Care Quality Commission (CQC) / Regulators. The Lampard Inquiry (Essex Mental Health Statutory Inquiry) Terms of Reference were reviewed and put to public consultation in November 2023, published ToR are awaited. Ongoing HM Coroners cases with possibility of Regulation 28 Prevention of Future Deaths Reports (PFDR). Lack of equitable offer of services across MSE e.g. Autistic Spectrum Disorder (ASD) and wider neuro divergent pathway (NDD). 		<ul style="list-style-type: none"> Strategic approach to all age Mental Health service, however lack of delivery pan-Essex. Data Quality issues and IT systems. Workforce challenges impacting on all services (see Workforce Risk PO1 - slide 4). System pressures to manage delivery (capacity). Flow through inpatient services. 	
How is it being addressed? (Controls / Ongoing Actions)			
<ul style="list-style-type: none"> System Oversight and Assurance Committee (SOAC) monitor performance and quality of services with provider reports now taken to Quality Committee. Evidence Assurance Group, chaired by MSE ICB, attended by MSE ICB and EPUT. Monthly 'Quality Together' meeting attended by NHSE, EPUT and ICB senior staff. EPUT and ICB 'Safety huddles' held on a weekly basis. Quality Assurance Compliance Visits with EPUT compliance colleagues. Multi-agency delayed transfer of care meetings to ensure good flow and capacity, held weekly on Fridays with system partners. Essex ICBs quality team continued joint working. Implementation of a Unified Electronic Patient Record will resolve the multiple IT systems within EPUT, but is a long-term project (due to complete by April 2026). Implementation of a Shared Care Record solution will provide the opportunity to integrate information into a single source, due to commence July 2024. Identified data quality concerns will be managed by Task and Finish Group reporting to relevant forum. 			
How will we know controls are working? (Internal Groups & Independent Assurance)		Next Steps:	
<ul style="list-style-type: none"> CQC action plan progression / Implement recommendations from CQC inspections and HM Coroner's PFDR. EPUT Reporting to MSE ICB Quality Committee Outcome of Quality Assurance visits. Improved flow and capacity, reduction in OOA placements and reduced length of stay. Mental Health Partnership Board & Whole System Transformation Group (WSTG). Reports to SOAC to identify key quality/performance risks and actions being taken 		<ul style="list-style-type: none"> Implementation of recommendations from England Rapid Review into Inpatient Services published June 2023 with focus on recommendations which state twelve months (June 2024). ICBs working collaboratively across Essex to review the financial risk share agreement on inpatient acute mental health provision to include out of area expenditure (Sept 2024) Essex ICBs/EPUT establishing regular contract governance and oversight meetings (Meeting scheduled for April 2024 to progress) 	

Partner Organisation Self Identified Key Risks (and scores)

MSEFT - 11 Red Risks at January 2024 (last review date). Risk scores remain as per previous report.

- Financial Sustainability (25)
- Constrained Capital Funding Programme (25)
- Workforce Instability (16)
- Capacity and Patient Flow Impacting on Quality and Safety (16)
- Estate Infrastructure (20)
- Planned Care and Cancer Capacity (16)
- Delivery of Clinical and Operational Systems to Support delivery of business objectives (16)
- Cyber security (15)
- Health and Wellbeing Resources (16)
- Organisational culture and engagement*(16)
- Cyber Security (15)
- Integrated care system working (12)

Partner Organisation Self Identified Risks

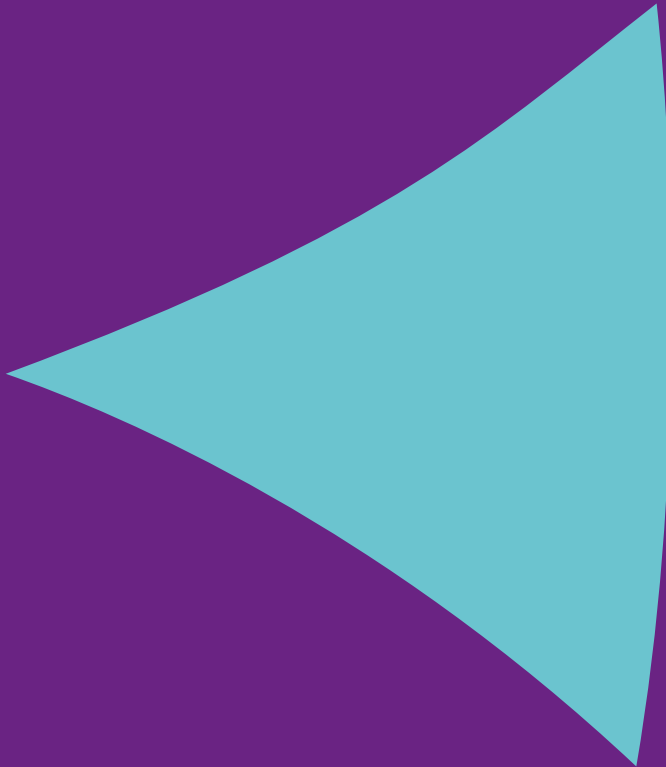
EPUT as of January 2024

5 Red Strategic Risks (all scored 20)

- People (National challenge for recruitment and retention)
- Statutory Public Inquiry into Mental Health Services in Essex (Lampard Inquiry)
- Capital resource for essential works and transformation programmes.
- Use of Resources (control total target / statutory financial duty)
- Demand and Capacity

1 Red Corporate Risk (scored 20)

- Engagement and supportive observation



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Part I ICB Board meeting, 21 March 2024

Agenda Number: 14.2

Committee Minutes

Summary Report

1. Purpose of Report

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

- Clinical and Multi-professional Congress (CliMPC): 29 November 2023 and 31 January 2024.
- Finance and Investment Committee (FIC): 10 December 2023, 11 January 2024 and 23 January 2024.
- Primary Care Commissioning Committee (PCCC): 6 December 2023 and 10 January 2024.
- Quality Committee (QC): 15 December 2023.
- System Oversight and Assurance Committee (SOAC) 10 January 2024.
- Audit Committee (AC): 10 October 2023.

2. Chair of each Committee

- Dr Matt Sweeting, Chair of CliMPC.
- Joe Fielder, Chair of FIC.
- Sanjiv Ahluwalia, Chair of PCCC.
- Neha Issar-Brown, Chair of QC.
- George Wood, Co-Chair of SOAC and AC.

3. Report Authors

Sara O'Connor, Senior Corporate Services Manager

4. Responsible Committees

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

5. Conflicts of Interest

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

6. Recommendation/s

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

Committee Minutes

1. Introduction

Committees of the Board are established to deliver specific functions on behalf of the Board as set out within their terms of reference. Minutes of the meetings held (once approved by the committee) are presented to the Board to provide assurance and feedback on the functions and decisions delivered on its behalf.

2. Main content of Report

The following summarises the key items that were discussed / decisions made by committees as recorded in the minutes approved since the last Board meeting.

Clinical and Multi-Professional Congress, 29 November 2023

- A presentation on the Community Capacity Pre-consultation Business Case summarised the shortlisted options which was followed by a discussion of these by members.

Clinical and Multi-Professional Congress, 31 January 2024

- An update was provided on the community capacity consultation including engagement events taking place.
- The system update report covered financial recovery and the function of the new Investment and Disinvestment Committee.

Finance & Investment Committee, 20 December 2023

The committee received an update on the ICB and system financial position for months 7 and 8, an update on the efficiencies programme, and took the following decisions:

- Rejected the Bayman Ward, Brentwood Community Hospital, business case and recommended the case was taken to the System Integrated Discharge Flow Group for endorsement, then brought back to the committee.
- Endorsed the Point of Care Testing business case.
- Approved the outline business case for the Whitley House practice to enable submission to NHS England and progression to a full business case.
- Approved the recommendation for the Chief Finance Officer (Director of Resources) to waive competitive procurement processes where indicated.
- Approved the financial proposal to increase the workforce within the MSEFT pharmacy homecare service to provide a sustainable service across mid and south Essex to reduce clinical risk and improve patient care.

Finance & Investment Committee, Extraordinary Meeting, 11 January 2024

The Committee took the following decisions:

- Supported the revised Scheme of Reservation and Delegation and recommended to the Board for approval.
- Approved the revised Procurement and Contracting Policy.
- Approved the revised Standing Financial Instructions.
- Approved the establishment of and terms of reference for the Provider Selection Regime (PSR) Review Group as a sub-committee of the Finance & Investment Committee and recommended to the Board for approval.

Supported the principle of collaborative working under an Memorandum of Understanding (to be developed) with the East of England ICBs to provide independent members for the PSR Review Group.

- Supported the establishment of and terms of reference for the Executive Team Committee as a formal sub-committee of the ICB Board and recommended Board approval.
- Approved the revised terms of reference of the Finance and Investment Committee and recommended Board approval.

Finance & Investment Committee, 23 January 2024

The Committee received an update on the financial position for months 8 and 9; the financial efficiencies programme; planning approach for 2024/25; and risks within the remit of the committee including a deep-dive on the prescribing financial risk; and took the following decisions:

- Endorsed the Bayman Ward, Brentwood Community Hospital, Business Case on the basis the case was supported by the System Integrated Discharge Flow Group.
- Approved the case to extend the commissioning of the Interim Tele-dermatology Service via the Provider Selection Regime direct award process C, for 2024/25 in line with the procurement timeline for the wider Integrated Community Dermatology service.
- Expiring Contracts – approved the recommendation to proceed with the identified procurement route, under the Provider Selection Regime.

Primary Care Commissioning Committee, 6 December 2023

The committee receive updates on:

- Integrated Neighbourhood Teams
- Primary Medical Services Contracts
- Burnham Surgery
- General Ophthalmic Services
- Collaborative working
- Primary Care Value Matrix reporting process
- Community Pharmacy

The committee also took the following decisions:

- Supported the Whitley House Outline Business Case to move to Full Business Case for the practice refurbishment and recommended to the Finance and Investment Committee for approval.
- Approved the South East Essex Dental Service Contract report to enable expressions of interest to be sought from providers within 7 miles of the current practice to reallocate any available Units of Dental Activity to ensure patients in the area retained access to NHS dental Care.
- Approved the extension of the Ardens Health Informatics contract.

Primary Care Commissioning Committee, 10 January 2024

The committee received updates on:

- Primary Medical Services Contracts
- A potential change in control of Operose Health Limited
- Primary care quality
- Primary care estates
- Risks within the remit of the committee.

The committee also supported the Alliance Director (Brentwood) taking forward a proposal regarding the extension of the Basildon and Brentwood home visiting service.

Quality Committee, 15 December 2023

The committee discussed the following items:

- The deep dive/lived experience agenda items focussed upon the Eating Disorders Service.
- The function of the Safety Quality Group had been reviewed and would commence meeting in its new form in January/February 2024.
- Escalations from the ICB Board and System Oversight and Scrutiny Committee related to Aseptic Units; Head and Neck Cancer Restorative Surgery; Diagnostic waiting list backlog.
- Mental Health Quality update.
- Local Maternity and Neonatal System Update
- Safeguarding Quarterly update
- Patient experience team update
- Learning Disabilities and Autism update
- Babies, Children and Young People Update
- A review of risks within the remit of the committee
- St Luke's Hospice Quality Accounts

System Oversight and Assurance Committee, 10 January 2024

The committee received updates on Workforce, Finance, and Performance issues across the system.

Audit Committee, 10 October 2023

The committee considered the following items:

- The ICB's corporate risk register and Board Assurance Framework.
- A deep dive on mental health risks.
- An update on the ICB's arrangements for managing conflicts of interest and received the latest version of the Board register of interests.
- An update on sustainability arrangements including implementation of the Green Plan for the Integrated Care System, being led by Mid and South Essex NHS Foundation Trust.
- The latest iteration of the Register of Procurement Decisions and contract governance update.
- Emergency Preparedness Resilience and Response update.
- Information Governance update
- Internal Audit and Counter Fraud update
- External Audit update
- Waiver Report
- Losses and Special Payments

3. Recommendation(s)

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

Minutes of Clinical and Multi-Professional Congress Meeting

Held on 29 November 2023 at 09.30 am – 11.30 am

Via MS Teams

Members

- Matt Sweeting (MS), Interim Executive Medical Director (Chair).
- Peter Scolding (PS), Assistant Medical Director (Deputy Chair).
- Gavin Tucker (GT), Senior Clinical Fellow. MSEICB.
- Donald McGeachy (DM), Urgent and Emergency Care.
- Sarah Zaidi (SZ), Primary Care.
- Fatemah Leedham (FL), Pharmacy.
- Feena Sebastian (FS), Mental Health.
- Krishna Ramkhelawon (KR), Public Health.
- Odutola Olugbenga (OO), Primary Care.
- Gerdalize Du Toit (GDT), Community Care.

Attendees

- Ruth Harrison (RH), Moorhouse Consulting.
- Georgia Stickings (GS), Head of Midwifery, MSEFT on behalf of Debbie Goldsmith, Director of Midwifery.
- Carolyne Dawson (CD), Joint Lead Stroke Steward.
- Rebecca Boyes (RB), Assistant Clinical Operations Director, Provide.
- Chigozie Okeke (CO), Moorhouse Consulting.
- Clare Routh (CR), Senior Head of Communications, MSEICB.
- Jonathon Dunk (JD), MSEFT.
- Helen Chasney, Governance Officer, MSEICB (Minutes).

Apologies

- Babafemi Salako (BS), Primary Care
- Rachael Marchant (RM), Primary Care
- Kirsty O'Callaghan (KC), Director of Community Resilience, Mobilisation and Transformation
- Gbola Otun (GO), Mental Health
- Stuart Harris (SH), Acute Care
- Christopher Westall (CW), Acute Care
- José Garcia (JG), Primary Care
- Holly Middleditch (HM), Senior Clinical Fellow

1. Welcome and Apologies

MS welcomed everyone to the meeting and apologies were noted as listed above. It was confirmed that the meeting was quorate.

MS advised that the representative for the East of England (EoE) Clinical Senate had been

unable to attend so requested a recording of the discussion regarding the Community Capacity Pre-Consultation Business Case (PCBC) item, for reassurance that due diligence had been made with clinical experts on the panel. No further comments were received.

2. Declarations of Interest

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

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

The following declarations of interest were noted in respect of the Community Capacity PCBC item:

- PS would be presenting the item in a stewardship role.
- SZ was attending in a stewardship role.
- DM as Chief Medical Officer at Provide.
- RB as Assistant Clinical Operations Director at Provide.

3. Minutes

The minutes of the last Clinical and Multi-Professional Congress meeting held on 31 August 2023 were approved.

Resolved: The minutes of the Clinical and Multi-Professional Congress meeting held on 31 August 2023 were approved.

4. Matters Arising

There were no matters arising.

5. Community Capacity Pre-Consultation Business Case (PCBC) Presentation

MS advised that there were tight timescales with this business case, particularly with 2 impending election cycles next year, which could limit consultation time. PS advised that each clinical area affected by the proposed business case had expert representation in attendance.

PS provided the background and advised that the scope included stroke rehabilitation beds, intermediate care (IMC), midwife led birthing unit and the outpatients at St Peters Hospital (SPH), Maldon. One of the major factors to the decision making was the condition of the estate infrastructure at SPH. The clinical task force group involved was made up of Ageing Well Stewardship Group, providers and a separate maternity subgroup. A long list of options was developed and reviewed which resulted in a shortlist.

Stroke Rehab – The cohort involved were patients who have had a stroke and did not need to be in an acute hospital setting, and would benefit from intensive rehabilitation, however, not fit enough to go home with early supported discharge. Previously that type of care had been provided on 3 sites across the system prior to this winter (St Peters Hospital,

Cumberledge Intermediate Care Centre (CICC), Paglesham Ward, Southend Hospital). For winter this year, the beds had been transferred to Brentwood from SPH and a decision would be required on the long-term solution. The guiding principle was to get the right care in the right place which would be deliver the care in the community setting and for the care to be transferred from SPH to enable a sustainable option for provision of care in the long term. The bed modelling would be based on 44-48 community beds for the level of demand. The opportunity was to unify the stroke rehab resource to maximise efficiency and develop a centre of excellence. The National Guidance supported the direction of travel to a specialised unit.

There were 2 options shortlisted:

- Option 11 - Single centre of excellence model – All stroke rehab beds would be based in Brentwood (50 beds) only. The benefits would be consolidation of resources and opportunities for data collection and improvement work, recruitment, and would enable up to 3 beds to be utilised flexibly for neuro rehabilitation patients.
- Option 12 - Split Centres of excellence model – Would be over 2 sites (25 beds in CICC and 25 in Brentwood). The benefits would be similar apart from consolidating resources.

Intermediate Care (IMC) – The cohort involved were those people who would benefit from personalised rehabilitation and did not need to be in an acute hospital setting, but was not well enough to be discharged home, and was provided by NHS IMC or Local Authority IMC beds which were more focused around convalescing. The NHS care was previously provided at 5 different sites (Mountnessing Court, CICC, Halstead, Mayfield and Brentwood). The modelling would require 87-99 beds alongside the cohort of 67 Local Authority beds. The opportunity would be to secure the number of beds required for the future and improve the pathway, which would fit alongside new models of care, such as the Transfer of Care Hubs (TOCH), Virtual Wards, Integrated Neighbourhood Teams (INTs).

There were 2 options shortlisted:

- Option 11 – Continue with a spread of beds across the system with 22 beds in the CICC and the remainder spread across the system with none at Brentwood, which was consistent with the modelling.
- Option 12 – Would be more concentrated in the mid and south west of the system, with no beds in CICC and 25 beds in Brentwood.

The spread of coverage outlined in Option 11 and the potential political issues with IMC provision in the southeast of the system, would require appropriate use of bed base and pathways.

Maternity – The focus would be on the inpatient midwife led birthing unit previously based at SPH, which had recently been relocated to William Julien Courtauld (WJC) Unit in Braintree for this winter, and the outpatient maternity services. The opportunity was estates based, improving on long term security and quality. The proposals would be to maintain choice that currently existed for women to have a community-based option. The authority for this option was the Better Births Report which showed 6% women preferred the community option, with no worse outcomes and a lower intervention rate.

There were 3 options shortlisted:

- Option 2A – Both inpatient and outpatient maternity services transferring to WJC, Braintree. The benefits would be the cohesive whole model of care, however the problem would be the site constraints which would require estate development.
- Option 2B – Inpatient services transferring to WJC, Braintree and the outpatient maternity services would remain in local facilities in Maldon.
- Option 2C – Inpatient services remaining at WJC, Braintree, and the outpatient maternity services would be co-located to the primary care hubs in the Maldon area, which were not functional currently and required investment, so could be the long-term option.

With regards to maternity outpatients, SPH received around 18,000 outpatient attendances each year, of which 50% were related to maternity. The other outpatient services included mental health day services in the Cherry Tree Unit, diagnostics including blood taking, imaging services, therapy services and office accommodation. The outpatient services were currently operating from SPH. The opportunities would be to co-locate elements of the current provision, such as to the Braintree Community Diagnostics Centre (CDC) which provided imaging services along with trauma and orthopaedics, rheumatology, which were major users of imaging. The eye services could be co-located to the MSEFT eye hubs, based in the North and South. The proposal would then be to keep other outpatient services local, such as maternity outpatient services, blood taking, audiology, therapy services and to integrate the district nursing component with the local integrated neighbourhood team.

The strategic value within the proposal would be consistency in terms of delivering on existing strategic goals, and there were areas that strongly aligned with the commitments in the integrated care strategy and NHS Joint Forward Plan, the health and wellbeing boards strategies and the adult social care strategy.

PS referred to the Equality Impact Assessment (EIA) and highlighted that for disability, stroke was a major contributor to the burden of disability at population level, therefore improving the model of care for stroke rehab would have a positive impact on disability overall, as would the intention of improving the model of care for intermediate care and utilising the beds appropriately. The outpatient services would be kept as local as possible for accessibility.

In terms of the Health Inequalities Analysis, the impact on people who lived in deprived areas would be positive overall, due to the improvements in the model of care. The travel analysis showed that, for the transfer of stroke rehab beds to Brentwood, out of the 118 patients reviewed, 66 patients would be better off with a reduced bus time, however, there would be an increase in car travelling time. For the transfer of maternity services from SPH, Maldon, to WJC, Braintree, a sample of 400 deliveries were reviewed, of which 80 patients had an increase in public transport time and 90 had an increase in car travelling time.

PS highlighted that the broader economic value was to provide the right care in the right place, and to make a long-term decision in terms of the estate with SPH. The staffing value, in terms of the single centre of excellence for stroke rehab split over 1 or 2 sites, would be impacted by providing that sustainably attractive option of employment. For IMC there would be an optimism that this would reduce temporary staff usage, particularly at Halstead. For population and system value, outcomes should be improved by reducing hospital readmissions and 24-hour dependency needs.

PS provided the indicative timescales and advised that the PCBC was current being reviewed, with the assurance phase through January and February 2024, and then out to consultation in Spring 2024, with implementation and decision making in the Summer 2024.

JD raised that importance that the estates facility at SPH was no longer fit for purpose and there was an urgency of need with this proposal.

6. Community Capacity – CiMPC discussion

MS summarised that the 3 components were the rehab beds, including stroke and IMC, maternity, and outpatient activities. The stroke rehab beds had been moved out of SPH and the maternity birthing unit had transferred to Braintree as an emergency measure due to the safety and estate concerns. The proposal had been reviewed by EoE Clinical Senate in 2022, and the recommendations received had been addressed in the PCBC.

SZ advised that the Senate's main focus was how the system was going to support 95% Home First aspirations which produced better population health outcomes, particularly for the population that uses IMC beds. Historically, there was an overuse of community hospital intermediate care beds, which was not the ideal pathway for certain populations. Deep dive analysis had revealed that those populations had sub optimal outcomes and were more likely to be readmitted to hospital and less likely to be discharged home. Through virtual wards and the work on discharges, there had been a reduction of IMC bed use across all geographies. With regards to virtual hospital, there were 50% early supported discharges for people required medical input and superior functional outcomes for people supported in a home-based pathway as opposed to spending longer in the acute or going into an interim bedded setting. The IMC right sizing would support improving population outcomes and making sure that the right people are on the right pathway.

In response to a query from MS regarding staffing issues at WJC, GS confirmed that WJC had been kept open, was being used constantly and was ringfenced to ensure provision. There was a reduction in the staffing turnover rate. The only issue was the distance from SPH, so would be preferable to keep the maternity outpatient local in Maldon. MS advised that a significant number of births was required to ensure safety and quality. GS advised that midwives are rotated for safety and risk assessments were completed. Each patient is risk assessed and those assessed as low risk would go to WJC as well as home births. All others would go to Broomfield.

KR suggested to be mindful of the election cycle and from 25 March 2024 would be a pre-election period. The CCTF leads should engage with the Chairs of the Health and Wellbeing Boards and the Scrutiny Committees to socialise the proposal prior to consultation. The language required review to simplify and to include improvements where clinical practice had adopted the approach. An explanation of the benefits of an integrated unit was required. The challenges regarding the estates at SPH needed to be clear. In terms of maternity services, it would be important to evaluate the current impact and include in the engagement. The description of the impact on the population needed to be clearer to emphasise the positive outcomes, such as reduced hospital admissions and to differentiate between not having IMC and Stroke in one place as could cause confusion. The approach would be dependent on which option was chosen and the proposal to keep some outpatient services local would help the population and conversations with local members. RH confirmed that a plain English consultation document would be produced.

SZ advised that if Health Overview and Scrutiny Committees (HOSCs) were to be involved to be mindful that beds issue had been presented previously.

FS advised that complaints from the Maldon area were related to travelling to Braintree or Chelmsford for their outpatient clinic appointment and that public transport service was inadequate. The proposal could include an explanation of the options that were explored to maintain locality in Maldon. RH advised that there were backlog maintenance costs of £18.7million for SPH, on a site that was worth £6.7 million. There was a long-term proposal for Maldon Health Hub in the future and an interim solution was required that would be local preferably which were currently under review.

FS asked how safe were the other outpatient clinic services that were currently being held in SPH and where would the maternity follow up appointments be. RH advised that mitigations had been put in place to ensure safety over winter but was getting increasingly challenging and there was a possibility that the follow up appointments would be in the library in Maldon town centre, but could not pre-determine the outcome of the consultation. GS advised that the scoping of buildings had commenced to ensure that the outpatient services remained local in Maldon.

FS asked why capacity with stroke/rehab beds was being increased when there were other options available. SZ advised that IMC beds were being right sized for population growth and need. The community bedded rehab provision increase was mainly for stroke which had been underprovided alongside people using IMC community beds that would be more suited to convalesce in the IMC dedicated facilities in various local authorities. PS clarified that the increase in community beds was the ambition of transferring the care into the community that was currently underprovided in Paglesham Ward.

RB advised that the current activities being carried out in the main building at SPH had been relocated to the ground floor, which often had to cease due to estates issues, such as flooding. The heating systems were also unreliable and capacity would be changed to support patient activity.

GDT clarified that virtual wards were replacements for general acute beds and not IMC, and there was not the right mix of patients in rehabilitation services and the approach would help identify the correct patient cohort.

DM asked if the stroke rehab unit at Brentwood had the skills required for neuro rehab beds or would this require a specialised workforce for viability. GDT advised that Level 3A patients were comparable to Stroke Rehab. Most people had longer stays in hospital and then placed in nursing homes with additional 1:1s, so would be benefiting patient outcomes, hospital length of stay and complex placement in nursing homes.

MS reiterated that the expertise for stroke would be similar for neuro rehab, such as physio, speak and language therapists, nursing etc. CD confirmed that Level 1 and 2 patients would continue to access the out of area specialist centres.

SZ advised that if people were supported from hospital in a virtual ward pathway whilst clinically unwell, their functional outcomes were better and more likely to be reported for ongoing IMC needs and a home-based pathway.

DM asked if Congress were expected to arise at a preferred option. MS reiterated that Congress' role was the clinical check and challenge. RH advised that the system was

currently reviewing the PCBC and would be proposing taking the 2 options to public consultation. Over the period of consultation, the options would back to Congress to request a preferred option. DM advised that the benefit of having a stroke rehab centre of expertise on one site was well evidenced and would attract staff, with enhanced remuneration package.

OO advised that communication was required with stakeholders, such as practices, primary care community and the patient participation groups and suggested a one-page letter/bulletin which incorporated any feedback received. PS provided reassurance that a range of pre-consultation engagement events had been held with groups for early feedback and there would be a consultation period where affected population groups would have the opportunity to provide feedback. In terms of primary care, there would be the opportunity within the consultation phase to go out proactively and when a decision was made, this would be communicated and how that may affect people.

PS confirmed that from an outpatient's perspective, the guiding principles were to co-locate where reasonable, such as imaging with the CDC, eye care with north and south eye care hubs and any other outpatient services to stay local.

GDT asked if the CDC would be functional in time to support the move and what the consequences would be if there was a gap and if the modelling included the additional activity through the CDC in terms of capacity and waiting times, and similarly for co-location and movement. RH advised that although CDT/MRI was provided at Braintree, there wasn't much additional x-ray capacity so reviewing whether a second x-ray room could be located in the ultrasound room at Braintree. No firm decisions can be made regarding the outpatient activity until the consultation but the aim was to keep as many services local as possible, such as phlebotomy in the old vaccination centre and the physio team would like to be located in the Blackwater Leisure Centre, to utilise pool, gym and studio facilities.

MS summarised the highlights of the discussion:

- Language review, political sensitivities and briefing HOSC
- Highlight the importance of population benefits for these moves, such as IMC, co-location of Stroke and the ability to provide upscaled stroke services. The benefits of the maternity unit in Braintree and include any outcomes from the service being delivered currently.
- Acknowledging the aim for outpatients local services to remain local as possible, taking into account the age of the population in Maldon and the transport links.
- Consideration to be given of the political timelines with the election cycle, locally and nationally.

MS advised that the minutes and summary would be sent to the clinicians who were unable to attend.

PS advised that the EoE Clinical Senate would like to review the recording for assurance and our normal congress cycle would approve the minutes at the next meeting, however, the programme leads have requested that the recommendations were received earlier to enable changes to be made.

MS noted that for future reference it would be good to have comments from Congress members prior to the meeting, however was conscious of the tight turnaround time for this meeting.

7. Horizon Scanning

No items were raised.

8. Any Other Business

MS raised that the service restriction policy would be renewed and reviewed in the future and would need to come back to Congress. GDT suggested that the policy was reviewed in segments.

PS suggested a membership check and review to ensure quoracy was met. GDT suggested that clinical challenge from colleagues in acute settings would have been beneficial and suggested to stagger implementation of outpatients to mitigate the risks.

9. Date of Next Meeting

Wednesday 20 December at 9.30am – 11.30am via MS Teams.

Minutes of Clinical and Multi-Professional Congress Meeting

Held on 31 January 2024 at 09.30 am – 10.30 am

Via MS Teams

Members

- Matt Sweeting (MS), Interim Executive Medical Director (Chair).
- Peter Scolding (PS), Assistant Medical Director (Deputy Chair).
- Gavin Tucker (GT), Senior Clinical Fellow. MSEICB.
- Donald McGeachy (DM), Urgent and Emergency Care.
- Sarah Zaidi (SZ), Primary Care.
- Fatemah Leedham (FL), Pharmacy.
- Olugbenga Odutola (OO), Primary Care.
- Gerdalize Du Toit (GDT), Community Care.
- Stuart Harris (SH), Acute Care.
- Babafemi Salako (BS), Primary Care
- Holly Middleditch (HM), Senior Clinical Fellow
- Rachael Marchant (RM), Primary Care

Attendees

- Helen Chasney, Governance Officer, MSEICB (Minutes).

Apologies

- Feena Sebastian (FS), Mental Health.
- Krishna Ramkhelawon (KR), Public Health.

1. Welcome and Apologies

MS welcomed everyone to the meeting and apologies were noted as listed above. It was confirmed that the meeting was quorate.

2. Declarations of Interest

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

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

3. Minutes

The minutes of the last Clinical and Multi-Professional Congress meeting held on 29 November 2023 were approved, subject to the amendment below:

- Pages 1 & 2, Item 5 –‘intermediary care’ should read ‘intermediate care’.

Resolved: The minutes of the Clinical and Multi-Professional Congress meeting held on 29 November 2023 were approved, subject to the amendment noted above.

4. Update on Community Capacity Consultation

MS summarised that the last meeting focused on the community capacity pre-consultation business case and was in relation to improving services for intermediate care, stroke and midwifery and ambulatory services in the Maldon area, and in particular the estate of St Peters Hospital.

PS confirmed that the consultation had opened on 25 January 2024, for a period of 8 weeks, until 21 March 2024. Details regarding the consultation were available online and the virtual views website.

At the last meeting, Congress members made recommendations/comments as part of the feedback. All feedback included in the business case had been through internal governance routes up to Integrated Care Board and the business case was available to view online.

With regards to the pre-consultation phase, the feedback included understanding the rationale for the Stroke/IMC proposals, data from maternity, the prominence of the Equalities Impact Assessment and defining Neuro Rehab.

In relation to the actual consultation, feedback included avoiding jargon in the consultation material, assumed knowledge of the condition of the St Peters estates and early engagement with political bodies, which had already occurred, but more formal events were planned within the consultation period.

Several comments related to the post consultation phase, such as engaging with primary care groups about the decisions taken and the effect on practices, due regard taken for the potential impact on waiting lists in relation to ambulatory services, ensuring that data had been reviewed and analysed resulting from the changes made for winter this year.

There would be approximately 25 different public events held, either online or face-to-face, and would relate to particular parts of the recommendations, such as intermediate care, stroke, midwifery etc. The events details were on the website with a booking link. An online survey was also available for completion.

Following the consultation period, there would be a phase where all feedback would be reviewed, decision making and implementation.

5. System Update

Financial Recovery

MS explained that the Mid and South Essex Integrated Care Board had some financial challenges and had declared a £40 million deficit for the end of the financial year. However, a recent re-forecasting exercise had changed that position to £57 million deficit. This would move the ICB from double lock, where significant decisions of monetary value would be taken at provider level and signed off at ICB level, to triple lock, meaning that if investment of £25,000 or over was being sought by the provider, this would need to be signed off by the ICB and then NHS England, so would be a stringent review.

Some savings have been made by the ICB restructure and NHS England were suggesting

the loss of 6,000 jobs due to reorganisations, and the monies would be invested back into the NHS.

There had been some cash injection from region, and there was a focus on quality, recovery on performance in Emergency Care, diagnostics and cancer, which were the systems priority areas.

Investment & Disinvestment Committee

PS advised that the proposal was for the ICB to hold an Investment/Disinvestment type meeting twice a year. The first meeting would be held in March and the second one in the Autumn and would ensure that any commissioning decision using health and care resources, would receive a close focus on what must be delivered and the value for our population.

Submissions for the March meeting were required in the next couple of weeks, and were currently in the preparation phase, to understand the value that any proposal could potentially deliver. The assessment process would begin from 12 February 2024 through to the March meeting. At the meeting, an account would be taken of all the reviews and assessment process, the scores given and then decisions would be made on whether the commissioning should cease, be reduced, or continued, and whether new investments could be made. Due to being a new process, there would be an opportunity for learning.

Several proposals had been received, which were either new services or services that were coming to the end of their commissioning contract. These included heart failure/virtual ward, cardiac outreach, children's continence service, children's virtual ward, ambulatory care, ambulatory clinics, diabetes prevention programme, long covid programme, podiatric surgery theatre space, community ear service and tier 3 weight management services.

The weight management service was likely to be presented to Congress in February, with a proposal to develop a new service restriction relating to tier 3 weight management services, which related to services requiring clinical input.

The developing assessment criteria was based on the framework developed by Congress and included health impact, clinical effectiveness, affordability, strategic fit, inequalities impact and feasibility, and the scoring would be similar in terms of understanding the likely impact.

PS asked Congress members if there had been anything reviewed over the last 2 years that should be taken account of for the investment/disinvestment process.

MS advised that some of the ICB Leadership Team had developed a first draft as there would be a requirement to remain within that financial envelope of £57 million deficit, which would need to be built into the payback as a system over the next 2 years.

SZ advised that this had been raised in the stewardship groups and clinical leader's forum. There was a requirement to review the breadth of horizon scanning of all investment and disinvestment ideas. There could be multiple groups with good ideas according to the value framework domains and there could also be protection for certain pots of money. MS explained that the role of this group would be to apply the critical clinician challenge to proposals, particularly on outcomes.

RM advised that it would be reasonable to review the services that did not deliver value for money. Congress often reviewed services in isolation and so would need to review the

services across the system, in particular those that were not delivering for the investment being made and the impact on people using that service and the possible effect on other services.

HM asked how the services for disinvestment would be identified, apart from those coming to the end of their contract. MS advised that contracts were currently being reviewed now, and would need to rely on stewards, clinical leads and system leaders to support the nuances.

BS asked if the contracts of the services not currently being provided could be reviewed to ensure that the full service commissioned was being delivered.

MS advised that senior leaders were looking at long term sustainability which would support secondary care because of better functioning services of primary/community care.

GDT commented advised that there was a mismatch between what had been commissioned and what was being delivered. In terms of community contracts, the community teams were conducting a self-review and reviewing how the community collaborative could be maximised and optimised to incorporate other organisations to have a strong integrated offer.

OO suggested that the acute contract requires review and whether some services could be delivered in the community, which would improve outcomes, reduce waiting times, and increase satisfaction, with significant cost savings.

MS asked Congress members to contact PS with any ideas and advised that Dr Anna Davey, was leading on a primary/secondary care interface, in particular a primary care collaborative who would have a strong voice for primary care across a select group and could improve relationships across primary and secondary care, and were also looking at improvement in terms of Integrated Neighbourhood Teams and the Fuller principles.

HM commented that womens health services were working to improve patient experience by providing care closer to home, such as the fitting of mirenas for non-contraceptive purposes, as these were currently only fitted within the acute trust. Also, the fitting and changing of ring pessaries, which occurred every 3 to 4 months. The longer term focus on future priorities related to what care could be provided at community or primary care levels.

SZ advised that data was available from the population health management segmentation model which would show where the high need is, and whether the service reached a small population and delivered little impact versus an enabler that was relatively cheap but had a huge impact for the population segment that was generating 80% costs. The information should be used as a guide, along with the information in the stewardship dashboards.

MS commented that the stewards and clinical leaders should give Congress their ideas around their individual work areas and then a pack could be produced to support the Executive team and also others within the system so that a narrative can be created.

PS advised that any ideas for investment/disinvestment would be gratefully received. Congress members could contribute their experience over the last 2 years in terms of value-based discussions to help develop the process.

6. Horizon Scanning

MS advised that there would be several proposals in the next few months to support reinvestment, but also some other potential opportunities.

PS advised that GT and PS and the prevention team, were working on proposals for a Weight Management Service Restriction Policy, which would be presented to Congress at their February meeting.

MS advised that medicines optimisations and high cost interventions, such as the funding of Covid medicines for over 70's and disease modifying agents for Alzheimers, were exciting developments but also had significant costs.

The NICE technical appraisals would also require review, which would require implementation of some form within 90 days, and would lead to difficult conversations locally and nationally.

6. Any other Business

There were no items of any other business raised.

7. Date of Next Meeting

Wednesday 28 February at 9.30am – 11.30am via MS Teams.

Minutes of ICB Finance & Investment Committee Meeting

Held on 20 December 2023 at 10.00

Boardroom, Phoenix Court, Christopher Martin Road, Basildon SS14 3HG

Attendees

Members

- Joe Fielder (JF) Non-Executive Member, Committee Chair, MSE ICB
- Mark Bailham (MB) Associate Non-Executive Member, MSE ICB
- Tracy Dowling (TD) Chief Executive Officer, MSE ICB (via MS Teams)
- Emily Hough (EH) Executive Director of Strategy and Corporate Services, MSE ICB
- Jennifer Kearton (JK) Executive Director of Finance and Estates, MSE ICB
- Loy Lobo (LL) EPUT Finance and Performance Committee Chair
- Julie Parker (JP) Finance and Performance Committee Chair, MSEFT

Other attendees

- Nicola Adams (NA) Deputy Director of Governance and Risk, MSE ICB
- Rob Ruffell (RR) Estates Manager, MSE ICB (for agenda item 8 - Whitley House refurbishment) (via MS Teams)
- Maria Crowley (MC) Interim Director Children, Mental Health & Neurodiversity, MSE ICB (for agenda item 7 - Learning Disability Transforming Care Individual High-Cost Package) (via MS Teams)
- Gary Rayment (GR) Head of Individual Placements Team (IPT) (for agenda item 7 - Learning Disability Transforming Care Individual High-Cost Package) (via MS Teams)
- Janette Joshi (JJ) Deputy Director System Purchase of Healthcare, MSE ICB
- Nina van-Markwijk (Nv-M) Finance Director, MSEFT
- Emma Seabrook (ES) Resources Business Manager, MSE ICB (minutes)

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. There were no apologies, and the Committee were confirmed quorate.

2. Declarations of Interest

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

JP declared an interest in agenda item 10 (Contract Extensions under Procurement Contract Regulations) in her role as Board Member for Estuary Housing Association and confirmed she would leave the meeting at the point the agenda item was discussed.

LL highlighted the actions taken to mitigate risk were incomplete within the Register for his declarations.

ACTION: NA to review LL's declarations and the actions required to mitigate any risk.

3. Minutes of the previous meeting

The minutes of the meeting held 22 November 2023 were received. The minutes were agreed accurate with the inclusion of the word 'deficit' within item 10 (System Forecast Outturn Review), page 5, paragraph 2.

Outcome: With the amendment the minutes of the meeting held on 22 November 2023 were approved as an accurate record.

4. Action log/ Matters arising

The action log was discussed and updated accordingly.

The Chair referred to the Fresenius Kabi Home Enteral Feed and Equipment Contract Extension and asked if the provider had been made aware of the caveat around year 2 of the extension following the unknown contract price. JK confirmed the ICB had negotiated year 2 of the contract value at the same value as year one.

The Chair raised concern around the lack of competition in the market the System operates within and the impact this had on value and performance for residents of MSE.

TD highlighted work undertaken by NHS England around provision and advised the Chief Commercial Officer was looking at this in relation to MSEFT and the configuration of an acceptance preparation unit as part of its longer-term strategy.

JP asked if there was a forum within the East of England to escalate areas where there was a lack of market provision to encourage market development. JK highlighted a lot of work taking place commercially on a national level and spoke of a HFMA procurement forum in January. The ICB was also recruiting a Commercial Director who would lead in this area at the ICB.

Nv-M added MSEFT was a member of the NHSE Regional Productivity Forum.

There was a wider discussion around action 56 and the work required for the System to understand the gravity of the financial position.

Double Lock Ratification

5. Bayman Ward

Nv-M presented the paper to seek endorsement from the Committee as per the double lock arrangements to support the business case. Nv-M explained Bayman Ward situated within Brentwood Community Hospital was closed earlier this year. The case set out the proposed investment to mitigate the loss of beds. It was highlighted there was a circa £2m released from the closure of the ward (direct staffing and non-pay costs).

The case was seeking investment of £640k (per annum) to support capacity within the Integrated Discharge Team and P2 pathway. The majority of investment was around packages of care commissioned by an external provider.

Following a query from MB, it was clarified investment was this financial year and had been

captured within the recent national financial submission.

TD recognised the operational pressures but was concerned the case had progressed in advance of endorsement from the Committee. TD queried the remit of investment as the paper referred to support for days 1-3 and not care packages themselves. It was asked why there was no reference to rehabilitation for patients and why community beds were not being utilised to support independence.

As the work was previously carried out within the hospital, it was queried how the workforce was being utilised.

JK queried consideration of the impact on the wider System and advised the ICB had received a void cost following closure of the ward.

It was suggested the case should have been reviewed by the System Integrated Discharge Flow Group to understand if this was considered good practice.

Outcome: The Committee did not endorse the business case and recommended the case was taken to the System Integrated Discharge Flow Group for endorsement, then brought back to the Committee.

6. Point-of-care testing (POCT)

Nv-M presented the paper to seek endorsement from the Committee as per the double lock arrangements to support the investment of Point of Care Testing at Broomfield hospital. Nv-M explained Broomfield sat outside of the Pathology First Contract.

The Committee was advised funding had been secured from NHS England (£82k for 23/24 and £82k for 24/25) and the funding requirement had been built into the service specification for the new pathology service that would cover all three sites. The request would enable Point of Care Testing to be carried out at Broomfield hospital during the intervening period.

TD raised the need for controls and a clear process where investing in equipment.

JP highlighted the need for a clear Point of Care Testing strategy to ensure a consistent approach. The Chair highlighted the aggregation benefit and agreed this was vital from a clinical safety perspective.

Outcome: The Committee endorsed the Point of Care Testing business case.

Business Cases for approval

7. This item has been minuted confidentially.

8. Whitley House (PHP Landlord) refurbishment /New 20-year lease.

RR presented the paper to seek approval of the Whitley House practice Outline Business Case (OBC) to enable submission to NHSE and enable the case to progress to Full Business Case (FBC). The Committee was advised the current lease expired in September 2023. As part of negotiations to renew the lease to secure primary care services for a 20-year period, the landlord had proposed a number of improvements be made to the premises in return for a greater rental value.

JP referred to a previous report outlining the estates need within MSE and queried the sense of priority for investment into this practice. The Chair echoed the concern there wasn't a holistic strategy to primary care estates and the paper did not outline the priority to help aid discussions.

JK confirmed the Estates team had worked hard to develop an Estates pipeline of schemes and highlighted less visibility this financial year was likely down to the fact the majority of capital investment was required in one area. Cases were also usually considered at the Primary Care Commissioning Committee but was presented here due to the financial threshold. It was agreed more context would be provided in future reports.

LL encouraged a more strategic approach in future for consideration of other providers and appropriate competition to secure better provision.

RR outlined the difficulties around the market district valuer reports. He explained this was not only a priority because of the expiry of the lease but highlighted the additional space would enable the practice to be in line with its weighted population. The ICB was also bound by the NHS Primary Medical Service Directions, a legal Framework.

As part of budget setting and planning for 24/25, JK advised the team will articulate where the £2m capital funding had been allocated.

JK took an action to ensure the lease expiry date forms part of the prioritisation of cases within the pipeline of estates need in MSE.

The Chair recognised the complexities associated particularly around the district valuer service. He encouraged more strategic consideration was raised within the meeting.

Outcome: The Committee approved the OBC for the Whitley House practice to enable submission to NHSE and progression to FBC.

ACTION: *JK took an action to ensure the lease expiry date forms part of the prioritisation of cases within the pipeline of estates need in MSE.*

9. This item has been minuted confidentially.

10. Contract Extensions under Procurement Contract Regulations

JP declared an interest in the agenda item in her role as Board Member for Estuary Housing Association and left the meeting whilst the agenda item was discussed.

JJ advised the Committee new legislation would come into force on 1 January 2024. The Provider Selection Regime (PSR) would replace the existing procurement rules for NHS and local authority funded health care services. The purpose of this paper was to ensure appropriate ICB governance was in place to comply with the imminent change in legislation.

NA explained due to the timing of papers, the paper had been circulated to the Executive Committee for virtual approval and was therefore subject to their approval.

The paper detailed contracts that were supported by the MSEICB Purchase of Healthcare Team that were due to expire on 31 March 2024. JJ referred to each of the appendices and discussed further.

The Chair raised his concerns regarding the function and sustainability of Procurement within the ICB and required assurance that improvements were made to review arrangements timelier in future. JK highlighted the work undertaken by JJ and team had been vital in order to keep the organisation safe. She added that ownership was upon leads within the organisations who had not reviewed what needs to be commissioned and decommissioned in their area of work.

MB suggested there was an individual owner in terms of accountability listed within the register for each contract. It was explained the ownership of each contract would be determined by the value of the contract in line with the Standing Financial Instructions.

LL raised that the document did not highlight quality and performance metrics and was therefore difficult to ascertain if they presented good value. LL spoke of the need to challenge the market in particularly where they were not performing well.

Work had taken place within the Senior Leadership Team to ascertain ownership of the contract register. JK explained evaluation training had been rolled out within the organisation to provide tools to staff to enable them to be less risk adverse in their decision making.

JJ spoke of the introduction of Atamis (a web-based platform) and advised this would be rolled out within the organisation soon. Atamis would improve access and transparency around contracting.

Outcome: The Committee:

- **noted** the status and recommended course of action reported for each contract.
- **noted** that procurement waivers would be required to continue with the listed contracts/services from 1st April 2024.
- **approved** the recommendation for the Director of Resources to waive competitive procurement processes, where indicated.

11. Pharmacy Homecare Service

PW presented the paper and sought approval to fund the expansion of the homecare pharmacy service in accordance with recommendations from the East of England procurement hub to enable delivery of a safe, timely and sustainable service.

The clinical pharmacy homecare service provided a vital role to support patients on High-Cost Tariff excluded drugs (HCDs) prescribed by the hospital and allows for the medication to be delivered to them at home. The service provided VAT savings as it was an outsourced service, reduced medication wastage and supported the switching to more cost-effective products where appropriate.

PW explained the proposed increase in workforce had been based on the East of England homecare tariff and the number of patients within the service. The increase in workforce would allow sufficient time for the processing of invoices and would avoid financial penalties by drug suppliers that were being experienced.

MB queried the confidence around biosimilar efficiency savings and noted a significant drop from years 2 and 3 compared to year 1. He asked if the initial change in year 1 had been factored into years 2 and 3 and savings were therefore actually higher than shown. PW advised this was dependant on how it was measured and explained patients were

continually being reviewed and placed on less expensive products where appropriate.

JP asked for assurance that the right level of innovation was built into the service and queried what other interventions staff could undertake when visiting patients in their homes. PW explained this was purely a delivery service, but consideration could take place in future to explore a wider offer.

LL queried how the training for patients to administer the safe use of biologics had been factored into costs. It was explained a clinical nurse specialist would train patients and the service would follow up/review when undertaking repeat prescriptions.

Following the significant cost pressures experienced around workforce and the current recruitment freeze, JK suggested PW liaised with MSEFT in terms of suitable redeployment into these posts.

The Chair queried a significant increase in staff within the proposal (from 4 WTE to 14 WTE). PW explained of a reliance on bank and agency staff and advised staff would be recruited in stages and on the basis of cost incurred.

JK raised the System benefit was not clear within the paper and highlighted an impact on bank and agency for MSEFT.

It was clarified the corresponding saving would be utilised to support the bottom line.

Outcome: The Committee approved the financial proposal to increase the workforce within the MSEFT homecare service to provide a sustainable service across mid and south Essex to reduce clinical risk and improve patient care.

Financial Governance

12. Deep Dive on Financial Risks – Prescribing

Due to time constraints the item was deferred to a future meeting.

13. Deep Dive on Financial Risks – Continuing Healthcare

Due to time constraints the item was deferred to a future meeting.

14. Investment & Disinvestment Committee

Due to time constraints the item was deferred to a future meeting.

Assurance

15. Month 7 Finance Report and Verbal update on Month 8

JK advised the 'rapid, reset and recommit' System return submitted to NHS England (NHSE) forecasted to deliver a System deficit of £57m. The construct of the deficit was a £9.6m deficit within EPUT, £10m surplus within the ICB and the remaining deficit within MSEFT.

JK advised of an ask from region for a line-by-line review of non-pay expenditure across the three organisations and the need for this work to continue particularly within MSEFT to improve the run rate. Region was supporting the System and had distilled the trial balances for the ICB, MSEFT and EPUT. There were also some specific actions to deliver urgent and emergency standards. Region had stated they would not agree a worsening position deficit; it was noted a further meeting would take place in February.

There was also an ask to review all services utilising predominately bank and agency that could be stopped. This work had taken place within the ICB, and discussions were taking place around the identification of some community bed capacity.

JK spoke of the need for an immediate £2m run rate improvement required within MSEFT and a plan required to improve the System run rate by as much as £4m-£8m.

Work was being undertaken nationally around productivity and what was recoverable. Workforce and non-pay were highlighted as areas of significant focus.

TD advised of discussions to jointly recruit a Recovery Director between the ICB and MSEFT. Region was also exploring support following some good work undertaken within the ambulance trust.

LL recommended some more in-depth work was undertaken to look at what was driving demand in the acute. There was a wider discussion around various initiatives that were in place and the current utilisation of services.

Outcome: The Committee noted the update.

16. Efficiency Programme

The paper provided the Committee with an update on the System Efficiency position for 23/24 and the work underway to progress schemes to delivery. Nv-M highlighted year to date a circa £96.2m of schemes had been identified across the System. It was reported that there had been a heavy reliance on non-recurrent releases to support the position which was presenting as a concern.

The recurrent impact into 24/25 was sitting at £64m against the target of £120m, much lower than where it needed to be. Work continued to take place around 24/25 planning. Nv-M highlighted a loss of focus on improving value within MSEFT amongst all of other conflicting priorities. A recent System Workshop had been held to look at next steps and workshops are being set up for each of the five portfolios to start documenting what this year's implementation provides to reduce the run rate into 24/25 and beyond.

The Chair highlighted the reduction of the run rate as crucial as we move into the final quarter and into the next financial year.

Outcome: The Committee noted the content of the report and the actions being taken to improve the delivery of efficiency.

17. Feedback from System Groups

The minutes of the System Finance Leaders Group and System Investment Group were presented for information; there were no comments.

Outcome: The minutes of System groups were noted.



18. Any other Business

No items were raised.

19. Items for Escalation

- Bayman Ward – to be taken to the System Integrated Discharge Flow Group.
- Contract Extensions under Procurement Contract Regulations – requires support from the ICB Executive Committee.

20. Date of Next Meeting

- Thursday 11th January 2024 (Extraordinary meeting to focus on matters for the ICB Board)
- Tuesday 23rd January 2024.

Minutes of the Extraordinary ICB Finance & Investment Committee Meeting

Held on 11 January 2024 at 14.30

Meeting held virtually via MS Teams

Attendees

Members

- Joe Fielder (JF) Non-Executive Member, Committee MSE ICB, **Chair**
- Mark Bailham (MB) Associate Non-Executive Member, MSE ICB
- Tracy Dowling (TD) Chief Executive Officer, MSE ICB
- Emily Hough (EH) Executive Director of Strategy and Corporate Services, MSE ICB
- Jennifer Kearton (JK) Chief Finance Officer, MSE ICB
- Loy Lobo (LL) EPUT Finance and Performance Committee Chair
- Julie Parker (JP) Finance and Performance Committee Chair, MSEFT

Other attendees

- Nicola Adams (NA) Deputy Director of Governance and Risk, MSE ICB
- Emma Seabrook (ES) Resources Business Manager, MSE ICB (minutes)

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. There were no apologies, and the Committee were confirmed quorate.

2. Declarations of Interest

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

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

3. ICB Governance Update

The Chair advised the Committee Appendix 6) Investment & Disinvestment Committee Terms of Reference had been withdrawn from the paper.

It was advised by the Chair the update to key governance documents was as a result of the introduction of the Provider Selection Regime and a change in legislation. The updated documents also took into account the change of roles following the ICB restructure.

NA presented the paper and referred the Committee to the table within section 3 of the report which summarised the rationale and key changes proposed in each of the documents presented. The Committee had received the presentation referenced within the paper relating to the Provider Selection Regime for information.

- **Scheme of Reservation and Delegation (Appendix 1)**

NA presented the updated document and advised this clarified the arrangements of the Executive Committee as a new Committee of the ICB Board. The document proposed the Executive Team had delegated authority (thresholds defined) and that a summary of decisions would be reported to the Board through the report from the Chief Executive Officer.

TD highlighted the delegation to the Chief Executive Officer or Chief Finance Officer to agree funds between £3m-£5m and the exposure this gave. It was felt it would be good governance if the decision was made with a committee and not in isolation. The Committee recommended the Executive Committee delegated authority was increased from £3m (as suggested within the paper) to £5m. It was recognised in context of the totality of the whole system budget held by the ICB £5m was relatively low. JK added the potential impact on budgetary provision in adherence to the double lock/triple lock arrangements.

It was raised where there was no budgetary provision this would effectively put a cost pressure into the system and therefore should come to the Committee.

It was clarified the £5m delegation was based on the total contractual value (not annual value). JP recommended ensuring this was clear within the document.

The document outlined a change to functions delegated to the ICB by other statutory bodies. This including Suffolk and North East Essex ICB for the operational management of the Individual Placement Team and contract management of the East of England Ambulance Service NHS Trust. NA explained this had not been previously formally documented within the SORD.

Following a query from TD, it was clarified under operational responsibilities the management of the commissioning teams responsible for Mental Health and Babies, Children and Young People services had been moved to the responsibility of the Executive Chief Nursing Officer (Chief Nurse) but due to timing issues the change had not been captured within the paper presented to this Committee.

LL suggested the following was included under the operational responsibilities of the Executive Chief Digital and Information Officer:

To provide ongoing assurance of cybersecurity, business continuity, privacy, and data protection. To ensure the efficient collection, and the timely and appropriate distribution of information to support operational and strategic decisions.

MB referred to the section of the Finance and Investment Committee (bullet point 2). It was agreed disinvestment was referenced as the Committee could be asked to receive business cases that pose disinvesting from one area to invest in another.

The Chair suggested the text referencing the Investment and Disinvestment Committee was removed.

Outcome: The Committee supported the revised Scheme of Reservation and Delegation and recommended to the Board for approval.

- **Procurement and Contracting Policy (Appendix 2)**

NA presented the policy and advised this had been updated to reflect compliance to the Provider Selection Regime legislation.

The Chair referred to section 6.5.1 of the policy and queried how the Competition Dispute Resolution process aligned to the Provide Selection Regime Review Group.

NA explained should a Provider disagree with the process following a procurement approach issued under the Provider Selection Regime, the provider could make representation to the ICB. At this point, the ICB would require an independent review group to consider if the process was duly followed. This would then be escalated to the NHS England Review Panel.

MB had some cosmetic amendments and would send directly to NA.

Outcome: The Committee approved the revised Procurement and Contracting Policy.

- **Standing Financial Instructions (Appendix 3)**

NA presented minor amendments to the document and advised this was now within the correct ICB standard policy template.

JP highlighted a typo on the date of review to this and some of the other documents. NA clarified once approved the formatting of documents would be checked before they are published.

The Chair suggested section 4) Definitions was reviewed as this was incomplete.

Outcome: The Committee approved the revised Standing Financial Instructions.

- **PSR Review Group Terms of Reference (Appendix 4)**

The Committee were presented with a proposed Terms of Reference for the PSR Review Group, a sub-group of the Finance and Investment Committee.

NA explained a number of ICBs in the region had agreed to form similar groups with mirroring terms of reference, whereby members from other ICBs could be co-opted to the MSEICB to ensure the group remains independent. The group would be called upon to mitigate against either perceived or direct conflict from those who had been involved in the original decision. This function complied with the statutory guidance.

JP suggested the Terms of Reference states the Committee could seek any information [and commission independent advice] it requires.

The Chair suggested the Chair and Vice Chair of the group (Non-Executive Member) were agreed in advance.

MB highlighted some minor amendments:

- Section 1.3 (first line) reference to the word 'group' twice
- Section 4.2 (second line) 'new' to be amended to 'no fewer'.
- Reference to the Executive Chief Nurse to be consistent throughout this and other documents.
- Section 4.12 the word 'including' at the end of the sentence to be removed.
- Document numbering to be amended.

TD suggested the document stated the timeframe this group should meet following the raising of a concern.

Outcome: The Committee:

- **approved the establishment of and terms of reference for the PSR Review Group as a sub-committee of the Finance & Investment Committee and recommended to the Board for approval (subject to the amendments suggested above).**
- **supported the principle of collaborative working under an MOU (to be developed) with the EoE ICBs to provide independent members for the PSR Review Group.**
 - **Executive Team Committee Terms of Reference (Appendix 5)**

NA presented a Terms of Reference for the Executive Committee following a change to the SORD and to formalise it as a subcommittee of the ICB Board.

Following a query from JP around section 4.2, NA advised she would amend the wording to reflect the number of members of the Committee.

Following discussion around those in attendance, it was agreed the wording should be amended to state individuals could attend by invitation.

MB highlighted the document numbering required amending.

Outcome: The Committee supported the establishment of and terms of reference for the Executive Team Committee as a formal sub-committee of the ICB Board and recommended Board approval (subject to the amendments suggested above).

Investment & Disinvestment Committee Terms of Reference (Appendix 6)

Item retracted for today's discussion.

Finance & Investment Committee Terms of Reference (Appendix 7)

The Committee was presented with an updated Terms of Reference for the Finance and Investment Committee to reflect the change in posts/titles following the ICB restructure and to formalise sub-groups that report to the Finance and Investment Committee.

NA clarified the final document would be updated to remove reference to the Investment and Disinvestment Committee.

TD suggested the inclusion of both investment and disinvestment within section 3.2.2 to align with the Scheme of Reservation and Delegation.

Following a query from the Chair, it was clarified any urgent decisions made by the Finance and Investment Committee in between meetings was reported at the next meeting. Only urgent decisions of the Board made in between meetings required reporting to the Audit Committee.

The Chair queried the role of the System groups that fed into the Committee. It was clarified minutes of the System Investment Group (SIG) and the System Finance Leaders Group (SFLG) reported to the Finance and Investment Committee for transparency.

JK advised the System Investment Group (SIG), chaired by EPUT CFO facilitated discussions around capital. The System Transformation Investment Group was currently under review. The Chair welcomed outputs from the corporate review currently underway.

Outcome: The Committee approved the revised terms of reference of the Finance and Investment Committee and recommended Board approval.

4. Any other Business

No issues raised.

5. Items for Escalation

To the ICB Board:

- Scheme of Reservation and Delegation (Audit Committee approval also required)
- PSR Review Group Terms of Reference
- Executive Committee Terms of Reference
- Finance and Investment Committee Terms of Reference

6. Date of Next Meeting

Tuesday 23rd January 2024

Minutes of the ICB Finance & Investment Committee Meeting

Held on 23 January 2024 at 14.00

Meeting held virtually via MS Teams

Attendees

Members

- Joe Fielder (JF) Non-Executive Member, Committee MSE ICB, **Chair**
- Mark Bailham (MB) Associate Non-Executive Member, MSE ICB
- Jennifer Kearton (JK) Chief Finance Officer, MSE ICB
- Loy Lobo (LL) EPUT Finance and Performance Committee Chair
- Julie Parker (JP) Finance and Performance Committee Chair, MSEFT

Other attendees

- Michelle Angell (MA) Director of Corporate Services, MSE ICB (attending on behalf of Emily Hough)
- Michelle Stapleton (MS), System Integrated Care Pathway Director, MSEFT (for agenda item 5 - Bayman Ward)
- John Walter (JW) General Manager of Integrated Care, MSEFT (for agenda item 5 - Bayman Ward)
- Emily Hughes (EHu) Deputy Director of Delivery, MSE ICB (for agenda item 9 - Interim Teledermatology Service)
- Paula Wilkinson (PW) Director of Pharmacy and Medicines Optimisation, MSE ICB (for agenda item 12 - Deep Dive on Financial Risks – Prescribing)
- Catherine Hamilton (CH) Alliance Lead and Medicines Strategy & Analytics Lead, MSE ICB (for agenda item 12 - Deep Dive on Financial Risks – Prescribing)
- Nina van-Markwijk (Nv-M) Finance Director, MSEFT
- Nicola Adams (NA) Associate Director of Corporate Services, MSE ICB
- Emma Seabrook (ES) Resources Business Manager, MSE ICB (minutes)

1. Welcome and Apologies

The Chair welcomed everyone to the meeting and confirmed the Committee quorate. Apologies were received from:

Tracy Dowling (TD) Chief Executive Officer, MSE ICB,
Emily Hough (EH) Executive Director of Strategy and Corporate Services, MSE ICB

2. Declarations of Interest

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

To manage any potential conflicts, it was agreed LL in his role as Non-Executive Director for EPUT would not participate in the decision making for the Mental Health Service section of agenda item 10) Expiring Contracts (PSR), but that he did not need to recuse himself from the meeting.

3. Minutes of previous meetings

20 December 2023

The minutes of 20 December were agreed as an accurate record subject to the following changes:

- Page 6, recommendation for agenda item 10 to read 'to waive' not waiver.
- Date of next meeting to reflect it was Tuesday 23 January (not Thursday)

13 January 2024

The minutes of the extraordinary meeting on 11 January were agreed as an accurate record subject to the following changes:

- Page 3, first line font of text to be amended.
- Page 6, paragraph 2 to include the word 'and' when referring to the Finance and Investment Committee.

Outcome: The minutes of the meeting on 20 December 2023 and 13 January 2024 were approved, subject to the minor amendments noted.

4. Action Log / Matters arising

Action 56 (future reporting to reflect the direct correlation between the progress of PIDs through to implementation, and the subsequent impact on the 'run rate'). JK confirmed this remained on track with plans on a page to be provided by System partners by 31 January, which would inform this noting escalation to the CEO Forum if required.

The Committee were informed that the Board (on 18 January 2024) approved changes to key governance documents noting that the Finance and Investment Committee approval threshold had increased to £10m.

Double lock ratification

5. Bayman Ward

MS presented the paper to seek endorsement as per the double lock arrangements. Bayman Ward situated within Brentwood Community Hospital was closed in June 2023, the case outlined the proposed investment to mitigate the loss of beds. MS confirmed the approach fed into the discharge to assess working group and supported system flow.

JW highlighted patients waiting on pathway two under all age Continuing Healthcare and the length of the delay was increasing. He explained the business case sought to have in place a team of Therapists to support patients out of hospital in line with the discharge to access model. The approach would enable patients to be assessed earlier and go into the most appropriate care setting.

LL sought clarification on the relationship between MSEFT and the residential/nursing care sector. MS confirmed teams were working collaboratively to implement the model to ensure better outcomes for patients. The System Integrated Discharge Flow Group had approved funding to reduce the backlog of assessments, and this had seen a positive impact on flow.

The Chair highlighted the concern when the case was originally presented at the December meeting it had not been endorsed by the System Integrated Discharge Flow Group. MS advised this had not formally been to the group as this was an internal mitigation within the Trust to reduce the bed base. She confirmed this aligned to the work programme within the portfolio work.

JK requested that the case be taken to the System Integrated Discharge Flow Group for approval, noting that any decision of the Committee would be subject to that approval.

Action: MS agreed to take the Bayman Ward case to the System Integrated Discharge Flow Group for approval, should approval not be granted action to be taken to reverse any actions taken to date regarding the case.

Outcome: The Committee endorsed the Business Case on the basis the case was supported by the System Integrated Discharge Flow Group.

6. Month 8 Finance Report and Verbal update on Month 9

JK presented the Month 8 Report and provided a verbal update on the position at Month 9. It was explained Month 9 was an elongated timetable in readiness for year-end. The Month 8 Report outlined a £40m System deficit which had exceeded the agreed position for the end of the financial year.

JK advised Month 9 reporting showed a move in the position to an agreed System deficit exceeding £57m (plus). JK explained the impact of industrial action in December and January was not included within the forecast. There was recognition of this nationally and an ask for Systems to provide an estimate impact of industrial action, this could take the position to a System deficit of £59m.

The year-to-date position previously reported to and expected by NHS England at Month 9 was a £55m System deficit. JK advised the Board had been provided with a paper setting out how the system was bridging the gap between the current position compared to the forecast year end position.

JK suggested a fuller discussion on Month 9 takes place at the February meeting to comprehend the shift of reporting and forecast outturn change/ enacting of the protocol to change the agreed deficit.

As a consequence of moving the Month 9 position Mid and South Essex system was required to move into triple lock. It was explained the triple lock process would require any spend in the excess of £25k (including VAT) to be approved by both ICB and Region (NHS England). JK spoke of the risk and vulnerability around Elective Recovery Funding.

Following a query from JP around the controls on staffing spend, JK advised this was included in the triple lock process. The Committee were made aware of an ask from region for an analysis of how the workforce had grown since 2019/20, with the intention to rebase staffing levels.

LL highlighted the level of acute activity did not correspond to the run rate and asked if there was detail by service line of the variances. JK explained there would be a step change in the run rate to reflect the agreement of the pay award, but this was only one element.

Outcome: The Finance update was noted.

Action: *Board presentation on financial performance be shared with LL and JP.*

7. Approach to Planning

JK confirmed that full technical guidance was awaited. NHSE had advised the financial framework and guidance would remain fairly consistent with 23/24. Despite the absence of some guidance, planning for 24/25 continued to progress.

It was anticipated the cost uplift factor would increase from 1.8% to 2.3% and there would be minimal change to System Development Funding.

NHS expenditure on agency staff would continue to be capped at 3.2%. NHSE targets to be set where spend was considered significant for an organisation, this would be monitored rigorously.

The System would be expected to provide a publication (not submission) of a joint Capital Resource Plan in March 2024; the System Investment Group were coordinating the approach. A refresh of the Joint Forward Plan narrative was also expected over the coming months, the plan was not expected to change radically.

JK reported good discussions taking place at planning meetings regarding financial improvements and transformation.

Deputy CFOs had been working on the principles of the distribution of convergence and growth. This would be considered by the System Finance Leaders Group/CEO Forum. There was a challenge to consider the distribution of growth monies where growth had not been evidenced. Clarification around the approach to distribute convergence in other footprints was being sought from Region.

Outcome: The approach to planning update was noted.

8. Efficiency Programme

Nv-M focussed on plans for 24/25. It was explained there had been a heavy reliance on non-recurrent efficiencies to support the current position. Nv-M highlighted the work underway within the 5 Portfolio groups. The Committee was advised formal procurement processes for MSK and Dermatology within the Elective Care Portfolio would commence this year. Work was taking place to identify corporate benefits around estate and the Business Intelligence function.

Nv-M explained reducing the level of activity into the acute and ensuring patients were treated in the right care setting was vital to support efficiencies. This was a key recommendation in the financial sustainability programme to improve the referrals pathway.

JP asked why financial details were not attached to the schemes/workstreams for each of

the Portfolios. JP referred to the Virtual Hospital scheme under the Flow and Discharge Portfolio and reference for a bid to seek additional funding to upscale technology. JP flagged the danger of supporting operational delivery and not efficiencies. MB stressed the need for tight control to ensure the benefits attached to programmes were released.

JK emphasised the need to set targets to build momentum and pace.

The Chair agreed following the high reliance on non-recurrent and the challenges anticipated in 24/25, large transformation schemes were required to support a shift in performance to deliver the require efficiencies.

Outcome: The Committee noted the contents of the efficiency programme report and the actions being taken to develop plans against the full efficiency target for each organisation.

9. Interim Teledermatology Service

EHu presented the request for approval to extend the existing commissioning arrangements for 2024/25 to allow work to take place to develop and implement a new model of care across MSE. This was in line with the procurement timeline for the Integrated Community Dermatology service that would go live in 2025.

The business case requested investment of £2m to proceed with the existing arrangements for TIME. It was clarified following the procurement of the new Integrated Community Dermatology service, provision would be included within the funding envelope of spend for the new model of care and would present a saving.

EHu explained the implications of not extending the current arrangements and advised the service had already significantly improved reducing the waiting time for the first appointment and the number of patients waiting over 62 days for treatment.

MB queried the £2m cost pressure on the 24/25 budget and asked if this would contribute further to the deficit. It was explained, in addition to the cost of the service, the System spent £4m on Teledermatology (funded via non recurrent cancer monies) and although by funding the service this would not release any capacity within the trust, it prevented the requirement to fund additional capacity that would present at the Trust if the scheme was not approved. The underspend of the service to date was also noted.

Outcome: The Committee approved the case to extend the commissioning of the Interim Teledermatology Service via the Provider Selection Regime direct award process C, for 2024/25 in line with the procurement timeline for the wider Integrated Community Dermatology service.

10. Expiring Contracts (Provider Selection Regime (PSR))

To manage any potential conflicts, it was agreed LL in his role as Non-Executive Director for EPUT would not participate in the decision making for the Mental Health Service section of agenda item 10) Expiring Contracts (PSR).

JJ presented the paper that detailed contracts supported by the ICB Purchase of Healthcare Team that were due to expire on 31 March 2024. The report set out the proposed approach for each contract under the PSR that came into force on 1 January 2024 and required ICBs to apply PSR when procuring healthcare services.

It was explained of the 36 contracts presented, the majority were predominately with NHS Providers for General and Acute Services. 9 contracts are with Independent Sector Providers of elective services.

There was 1 contract for core Mental Health Services. JJ explained some of the values were indicative as the ICB were awaiting planning guidance. An error was highlighted in the contract value for the Mental Health Contract. It was clarified the internal governance paperwork and notice would be amended accordingly.

JJ highlighted the current contract for Emergency 999 services was due to expire at the end of March. Suffolk and North East Essex was the co-ordinating commissioner and would lead the contracting negotiations.

LL sought assurance contracts/providers listed had met the required threshold to deliver high quality and safe services. JJ advised Attain had developed a PSR Risk and Decision Toolkit to assess the most suitable provider under set criteria. The toolkit also assessed the most suitable procurement route for healthcare services.

Following a query from the Chair around the likelihood of challenge, JJ highlighted the risk was low as the majority of providers were one of few within the market.

Board approval was required for contracts exceeding the £10m annual contract value in line with the SoRD.

The Chair extended his thanks to JJ and team for all of the work undertaken.

Outcome: The Committee

- **Noted the status and recommended course of action reported for each contract.**
- **Approved the recommendation to proceed with the identified procurement route, under the Provider Selection Regime.**

11. Finance Risk Register

The finance risk register was presented for information. It was highlighted, following discussion at the Executive Committee, further work would be undertaken to review the risks and the detail in the Board Assurance Framework to ensure it was reflecting the difference between an ICB and a System risk.

MB referred to risk SRFO01 - System Financial Performance and queried if the risk rating should be increased from 20 to 25 in light of the current financial position and in line with MSEFT reporting. JK advised the risk would be reviewed following the change in the forecast outturn position at Month 9 to assess the risk of not delivering the newly agreed deficit. This would also form part of the wider review and update of risk narratives.

Outcome: The Committee noted the finance risk register update.

12. Deep Dive on Financial Risks – Prescribing

CH presented detailed information regarding prescribing risks, the data / activity and what actions were being taken to manage the risks to mitigate the forecast outturn position that

posed a cost pressure to the ICB.

Members had an in-depth discussion regarding mitigation and were provided assurance from the Medicines Optimisation Team that management strategies were robust.

A deep dive had identified increased costs in:

- Continuous Glucose Monitoring
- Cardiovascular
- Diabetes
- CNS stimulants used in ADHD
- Price pressures and stock shortages

CH highlighted prescribing was in line with NHSE guidance and provided good outcomes for patients despite the financial pressures it presented.

The Chair thanked PW and CH for the excellent report and insight to work taking place within the team. He queried what work was taking place around reducing wastage. PW advised this was an area of focus for the upcoming year and confirmed discussions were taking place with Community Pharmacists to understand further work to educate patients and clinicians.

JK highlighted Prescribing was an area that presented as one of the biggest financial challenges within the ICB and thanked PW and team for their continued efforts and rigour to achieve the financial target and improve outcomes for patients.

Following a query from LL around the penetration of tools such as Switch Script, PW confirmed this was available in all practices but was being used to share key messages.

Outcome: The Committee noted the deep-dive on prescribing risks.

JP left the meeting.

13. Feedback from System Groups

The minutes of the System Finance Leaders Group were presented for information; there were no comments.

Outcome: The minutes of the System Finance Leaders Group were noted.

14. Any other Business

Beaulieu Park

NA referred to the Primary Medical Services: Beaulieu Park paper presented to the November 2023 meeting. The Committee approved the approach to secure a provider for the Beaulieu Park site. At the time, the request to agree the financial consequence of the approach exceeded the financial delegation of the Committee and was therefore recommended for Board approval. This was represented following the revision of the Scheme of Reservation and Delegation that increased the approval threshold of the committee.

Outcome: The Committee approved the financial consequence for Beaulieu Park.

Press article – Endometriosis

LL shared a press article reporting women with endometriosis were being failed across the country with delayed referrals. PW confirmed this had been flagged to the Women's Health Programme Board.

15. Items for Escalation

To ICB Board:

- Expiring Contracts (PSR)

16. Date of Next Meeting

Wednesday 21 February 2024

10.00am - 12.30pm

Boardroom, Phoenix Court, Christopher Martin Road, Basildon SS14 3HG.

Minutes of ICB Primary Care Commissioning Committee Meeting

Wednesday, 6 December 2023, 9.30–11.30am

Via MS Teams

Attendees

Members

- Sanjiv Ahluwalia (SA), Primary Care Commissioning Committee Chair.
- William Guy (WG), Director of Primary Care.
- Dr Anna Davey (AD), ICB Primary Care Partner Member.
- Pam Green (PG), Alliance Director for Basildon Brentwood.
- James Hickling (JH), Deputy Medical Director (Nominated deputy for Dr Matt Sweeting).
- Caroline McCarron (CMc), Deputy Alliance Director for South East Essex (Nominated deputy for South East Essex).
- Kate Butcher (KB), Deputy Alliance Director for Mid Essex (Nominated deputy for Dan Doherty).
- Ashley King (AK), Director of Finance Primary Care and Strategic Programmes (Nominated deputy for Jennifer Kearton).
- Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.
- Vicky Cline (VC), Head of Nursing, Primary Care Quality (Nominated deputy for Viv Barker).
- Romi Bose (RB), Transformation and Engagement Lead Thurrock Alliance (Nominated deputy for Aleksandra Mecan).

Other attendees

- Jennifer Speller (JS), Deputy Director of Primary Care.
- Sarah Cansell (SC), Contracting Support Manager.
- Simon Williams (SW), Deputy Alliance Director Basildon Brentwood.
- Nicola Adams (NA), Deputy Director of Governance and Risk.
- Jane King (JKi), Governance Lead (minute taker).
- Daniel Brindle (DBr), Primary Care Estates Officer.
- Karen Samuel-Smith (KSS), Chief Officer, Community Pharmacy Essex.
- Sheila Purser (SP), Chairman, Local Optical Committee.
- Emma Spofforth (ES), Secretary, Local Optical Committee.
- Bryan Harvey (BH), Chairman, Essex Local Dental Committee.
- Les Sweetman (LS), Deputy Director of Programme Delivery.
- David Barter (DBa), Head of Commissioning.
- Michelle Phillips (MP), Transformation Lead, Mid Essex Alliance.

Apologies

- Dan Doherty (DD), Alliance Director for Mid Essex.
- Aleksandra Mecan (AM), Alliance Director for Thurrock.
- Dr Brian Balmer (BB), Chief Executive Essex Local Medical Committee.
- Viv Barker (VB), Director of Nursing for Patient Safety.
- Dr Matt Sweeting (MS), Interim Medical Director.
- Jennifer Kearton (JKe), Director of Resources.

1. Welcome and Apologies

SA welcomed everyone to the meeting.

Apologies were noted as listed above. It was noted the meeting was quorate.

2. Declarations of Interest

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

Members noted the register of interests. Members raised no other interests.

3. Minutes

The minutes of the ICB Primary Care Commissioning Committee (PCCC) meeting on 1 November 2023 were received.

Outcome: The minutes of the ICB PCCC meeting on 1 November 2023 were approved.

4. Action Log and Matters Arising

The action log was reviewed and updated accordingly. It was noted that the outstanding actions (30, 46, 72, 73, 74 and 80) were all within timescales for completion.

5. Integrated Neighbourhood Teams

AD advised that a phased approach to the roll-out of Integrated Neighbourhood Teams (INTs) was planned, with nine INTs in place by the end of November 2023. The next phase was expected to be in place by April 2024. The INTs would be identified based on an appraisal of all emerging INTs and scored against the agreed INT Framework.

INT mobilisation was underpinned by various mechanisms, ranging from incentivisation schemes and digital transformation initiatives to estate management and the primary care access recovery plan.

The ICB was working to ensure that the Additional Roles Reimbursement Scheme (ARRS) roles in place were meeting the terms of the Network Directed Enhanced Services (DES) contract which formed an important building block of INTs.

In 2023/24 each Primary Care Network (PCN) received on average £50k to develop plans as outlined in the Fuller stocktake, including the delivery of INTs. The ICB had the opportunity to claw back this allocation from a PCN where their plan did not meet the required standard as assessed by Alliance teams against the expectation of the scheme.

Estate availability had been identified as a barrier to the development of INTs. It was noted that the ICB Estates Strategy was taking account of primary care transformation in supporting the development of INTs.

The INT programme continued to make progress implementing the three care models outlined in the Fuller Stocktake.

Following a discussion regarding assessing the maturity of INTs against the INT Framework it was agreed that action should be taken to ensure consistency in the assessment process.

ACTION: AD, SW, Alliance representatives and Fuller Implementation Lead to review maturity scoring of the INT Framework for consistency.

JH enquired whether there was flexibility to allow additional time for those PCNs yet to reach the milestones required to fully develop into an INT. AD commented that consideration would need to be given to the level of work already undertaken by the PCN to reach the milestones.

JS commented that there was a risk around system partners' understanding and their readiness for INTs and that some system partners were slower to progress plans.

SA sought clarity regarding engagement with partner groups on INT development. AD confirmed discussions were happening at Alliance level with each of the Alliances taking different approaches. PG advised that INTs were on the agenda for the Integrated Care Partnership meeting later that day and that INTs were included in the ICB's Strategy and delivery plans. JS added that conversations were taking place but were not reflected in the paper presented to the Committee.

KB suggested the Alliances present their INT priorities, engagement and progress to the Committee on a regular basis.

ACTION. A spotlight on INT engagement and progress for each of the Alliances to be included on future agendas on a rolling basis.

Outcome: The Committee NOTED the Integrated Neighbourhood Team update.

6. Primary Medical Services Contracts Report

JS presented the paper outlining the key activities and issues in relation to Primary Care Medical Services contracts since the last report was presented. An update on the AMPS contracts was included and the following key points were noted:

The Quality Team planned to undertake a 'lookback' exercise on the three contract mergers undertaken in the year, which might inform ICB operating protocols for future practice merger requests.

Following the proposed approach to secure GP provision for the Beaulieu Park Scheme (presented to PCCC on 1 November 2023), it was noted that the proposal was

subsequently approved by the ICB Finance and Investment Committee on 22 November 2023.

The ICB had agreed to provide Section 96 (S96) financial support to two practices (subject to agreement and signature by the practices involved). As a result of reviewing the S96 applications, it was recommended that the ICB should review the role of practice manager/role of contract holders and work with the LMC to provide advice to practices on due diligence for practice expansion or merger.

Funding for the Winter Access Scheme had been offered to PCNs to support a focus on respiratory conditions. Whilst the majority of PCNs had submitted their Winter Access Scheme proposals, which had been approved, the team were working with the remaining PCNs to ensure their patient population was covered by the additional capacity.

JS explained that updated 'Freedom to Speak Up' guidance was expected from NHS England.

ACTION: A paper to be presented to PCCC once national Freedom to Speak Up expectations of the ICB were known.

Outcome: The Committee NOTED the Primary Medical Services update.

7. Burnham Surgery

MP provided an update on the Burnham Surgery estate and outlined the support required from the Committee regarding the management of the public communication to share key messages.

MP outlined the sequence of events that gave rise to recent press articles regarding the adequacy and suitability of the estate for the current recorded list size and options for future development. The Committee discussed the associated risks and noted both public opinion regarding the potential move of the site and the ask for the ICB to continue to support the Practice.

As of 1 September 2023, the practice had a list size of 9,576. It was estimated that to support the existing registered population and the predicted growth in patient list size from the data provided by the local council in November 2023, a 66% increase in premises size was required.

In 2022, a survey was undertaken which showed the practice premises to be non-compliant with current standards and in need of major work within the next five years. Using Section 106 funding, the surgery commissioned an architect to undertake an options appraisal to identify suitable estate options.

The options appraisal was reviewed by the ICB Estates team who confirmed a viable option could be the Burnham Waters development. This was based on the space required as indicated by the Gross Internal Area (GIA) model, that planning had already been approved for the site, and there was no upfront capital investment required by the ICB. Due to wider ICB estate prioritisation work taking place the process was paused and had not progressed any further.

In August 2023, the ICB became aware of public opposition against a “proposed move of the Burnham Surgery to Burnham Waters development”.

A follow up statement from the ICB was shared with stakeholders to provide assurance that no decision had been made about relocating the Burnham Surgery and the surgery was working with local partners to explore options that would help future-proof GP-led services which included an initial assessment of estate.

It was also noted that a lack of additional estate might also lead the practice to reduce the additional services that were on offer (above core General Medical Services (GMS)) or the patient list could be closed to new patients.

The Surgery was a training practice and had no estate to accommodate future newly qualified GPs, the Surgery could be at risk of losing its training status on the basis of a lack of estates training space. The Surgery was also unable to accommodate the full range of Primary Care Network Additional Roles and Responsibilities Service (ARRS) staff.

The current GP partners are tenants in the Burnham Surgery. The current landlords of the Burnham Surgery are two retired GPs who worked at The Burnham Surgery.

KB confirmed that the ICB were working with the existing providers, landlords, public and Healthwatch to ensure continuity of service for the local population.

ACTION: Schedule Burnham Surgery estate options for future PCCC meeting.

Outcome: The Committee NOTED the Burnham Surgery update.

8. Whitley House (PHP Landlord) refurbishment

AK presented the paper setting out the details of the proposed refurbishment Outline Business Case (OBC) for the Whitley House Practice and the associated financial implications. The plan was to increase the net internal area by 74 sqm through building reorganisation, reconfiguration and refurbishment of the existing facility to help future proof the building and facilitate out-patient virtual consultations. A new lease was urgently required to allow the project to proceed to encompass the enlarged facility and completion of the refurbishment works. The practice was working from premises that were not fit for purpose, their current lease had expired. The landlord was willing to invest £650k to bring the premises up to the latest standards in return for an increase in revenue with limited capital investment from the ICB to secure primary care services from the premises for the next 20 years.

The ICB Primary Care Estates Group and ICS Strategic Estates Group were in support of the proposal which would be presented to the Finance and Investment Committee on 20 December 2023, subject to approval and any recommendations made by the PCCC.

SW noted that Whitley House was not high on the estate priority list but required review due to its lease expiry and queried whether the Committee could see an increase in similar requests. AK commented that the Committee would receive lease renewals papers as part of its remit however, following the organisational restructure, a new Head of Infrastructure post would work with the Governance Team to ensure right governance was in place for lease renewals.

JH asked whether lease renewal information could be included on the prioritisation list for consideration. AK noted the request.

ACTION: Lease renewal information to be collated and to be considered alongside the Estates prioritisation work.

KB commented that estates prioritisation work needed to be updated and suggested it was discussed at next Alliance and Primary Care Team meeting.

ACTION: AK and JS to develop a written process in relation to GP rent reviews and the alignment of the function between Primary Care Contracting and the Estates team to be presented to the Committee.

ACTION: AK to bring an update paper back to the Committee regarding Estates development schemes/projects and Estates business as usual work.

PG commented that targeting health inequalities and growth focus must not be lost when looking at estates business as usual work versus estates development schemes.

Outcome: The Committee SUPPORTED the Outline Business Case to move to Full Business Case for the Whitley House practice refurbishment and recommended to the Finance and Investment Committee for approval.

9. South East Essex Dental Service Contract

DB advised that a South East Essex dental provider had reduced their contract from £596,376.88 to £238,550.75 to deliver 8000 UDA's. This was in response to a letter from a solicitor engaged by the contract holder to act on their behalf to negotiate a contract reduction and debt repayment plan. To prevent the provider surrendering their contract in its entirety and to act in a reasonable and supportive manner, the request to reduce contractual activity was agreed. The ICB would like approval to seek expressions of interest from practices for the surrendered 12,000 recurrent Units of Dental Activity associated with the £357,826.13 contract value.

There would not be additional costs as the cost was entirely within the existing recurrent dental budget. There would be a financial risk if the provider handed back the contract. The solicitor advised the provider would need to agree extended repayment terms with NHS England (NHSE).

The risk of not commissioning the 12,000 recurrent units (equivalent to two whole time equivalent dentists) would have a direct impact on patient access to dental treatment.

JH enquired what the debt repayment timescales were and whether there was a risk it might not be paid back. DB explained there was no financial risk to ICB as debt was attributed to NHS England, prior to delegation of dental services to the ICB. The practice had until August 2024 to repay debt to NHSE.

CMc commented that access to dental services in South East Essex was particularly challenging and was supportive of the proposal.

JS stressed the need for clear ICB led communication around the change in service provision to ensure it was clear that the change was for the benefit of the local population.

Outcome: The Committee APPROVED the report to enable expressions of interest to be sought from providers within 7 miles of the current practice to reallocate any available UDAs to ensure patients in the area retain access to NHS dental Care.

10. General Ophthalmic Services

ES gave a presentation on sight testing by optometrists providing the Committee with an insight to the role of Optometry within MSE. The presentation explained the different roles in the optical sector, how this affected patient care, the different funding structures and how they fit into the General Ophthalmic Services (GOS) contract, alongside steps that could be taken in future models of care.

ES suggested that Optometry Practices should be the first port of call for eye problems which would reduce appointments in GP practices. Optometrists were an under-used, highly skilled workforce. Specialist training could be undertaken to enable prescribing of eye medications and manage disease in the community, such as with patients with glaucoma or medical retina conditions.

It was noted that the Essex Local Optical Committee was actively involved in the ICB Stewardship programme and the Falls Prevention and Frailty work in South East Essex. The plan was to expand working with the other Alliances and increase joint working with all primary care professions.

ES reported future plans to provide the service with access to Shared Care Record systems, addressing IT connectivity issues.

A national pilot for in-school eye testing for all Special Educational Needs schools, due to be rolled out at ICB level from April 2024 onwards was noted.

The Primary Care team were keen to work with ES and optometry colleagues on the recommendations outlined in the presentation and to integrate optometry into wider INT networks and primary care access plans.

In response to AD, ES explained that domiciliary visiting arrangements were in place for eligible NHS patients.

The Committee agreed that more public information on Minor Eye Conditions Service (MECS) was required to raise awareness of the service. PG commented there was also a need for public communication on the prevention of poor eye health as well as training for clinicians. ES suggested that clinical training requirements could be undertaken via the primary care networks. WG advised there was a dedicated resource for communications within the Connected Pathways team.

VC and ES agreed to meet outside of the meeting to discuss the processes and implications when concerns around patient safety and experience were raised to ensure this was linked in with the ICB's assurance processes.

LS offered to discuss the IT challenges reported by ES and access to Shared Care records.

Outcome: The Committee NOTED the General Ophthalmic Services update.

11. Collaborative Working Update

WG advised that the primary care agenda, INTs and broader transformation works were regularly discussed at Senior Leadership Team meetings which were attended by representatives from Primary Care, Alliances, Medicines Management and other teams allowing for collaboration on the INT agenda. Following the new organisational structure which would be place from 1 January 2024, the Primary Care Team would move to the Basildon Brentwood Alliance structure.

The next challenge was to run organisational development sessions for a broader staff base on INTs and access recovery plans to raise awareness. PG added that the Primary Care and Alliance teams worked very closely with Finance and Quality teams enabling sharing of good practice, more expedited and rounded decision making and ability to mobilise ideas effectively across the patch.

SA enquired whether there were any issues that needed to be raised as a result of organisational restructure. WG confirmed there was a process in place to manage the transition of work (to manage the reduction in staffing) which was led by the Executive Team.

Outcome: The Committee NOTED the Collaborative Working update.

12. Primary Care Value Matrix / Reporting Process Update

WG advised that a Primary Care Medical, Pharmacy, Optometry and Dental services oversight report would be regularly presented to the ICB Board from January 2024. ICB governance had been changed and that Primary Care reporting had been aligned to the PCCC, rather than the System Oversight and Assurance Committee (SOAC). However, SOAC would be kept sighted on primary care quality and activity. The Primary Care team were working with the Business Intelligence (BI) team on a draft primary care reporting template which would be shared with the Committee once available.

PG added that reporting to Board on Primary Care Medical, Pharmacy, Optometry and Dental services would help increase public awareness of the ICB's role as primary care commissioner.

VC, PG and WG agreed to meet to discuss the reporting requirements to be able provide appropriate assurances to the Committee and Board in regard to Primary Care issues and quality assurance.

Outcome: The Committee NOTED the Primary Care Value Matrix / Reporting Process update

13. Extension of Ardens Health Informatics Contract

WG informed the Committee of the ICB's intention to extend the current contract for Ardens Pro, a clinical decision support tool and workflow optimisation tool that operates alongside SystemOne and EMIS, provided by Ardens Health Informatics. The tool was used by the majority of GP practices across MSE. The current contract held by the ICB was for a two year period with the option to extend for two 12 month periods, the total contract length could not exceed 48 months.

Due to internal changes within the ICB and priorities across different directorates, the ICB had yet to optimise the opportunities of Ardens, particularly in relation to the localisation of

templates which could form the basis of ensuring that the Service Restriction Policy was appropriately applied to referrals from primary care. New templates could also support approaches to improve referrals as part of wider transformation.

The ICB intended to extend the contract term by the second “12 month” extension. In addition, the ICB would explore putting in place additional capacity to optimise the usage of the tools and consider the longer-term arrangements for this contract. The cost of the contract extension was £440,868 and would be funded from delegated funds.

PW advised that a great deal of medicines optimisation work was predicated on using Ardens templates and suggested that consideration should be given to resource to keep the system up-to-date and maintained. AD agreed with PW and highlighted that the system had multiple uses but required regular cleansing which would benefit all practices. SA suggested that consideration was given on how to evaluate resource in the context of ICB and service delivery.

Outcome: The Committee APPROVED the contract extension

14. Dental Commissioning and Transformation Group minutes

The minutes of the Dental Commissioning and Transformation Group meeting held on 11 October 2023 were received.

Outcome: The Committee NOTED the minutes from the Dental Commissioning and Transformation Group.

15. Items to Escalate

Recommended to the Finance and Investment Committee for approval:

- Whitley House Premises Improvement

13. Any Other Business

Community Pharmacy Update

PW made the Committee aware of several changes to Community Pharmacy Services, including closures, change in hours and new services on offer. PW advised that the main body of the report should read that there were 203 Community Pharmacies as of 1 December 2023 and that Benfleet Pharmacy should read as Cross Pharmacy in Benfleet was taking part in the pathfinder.

PW asked for colleagues support in highlighting the opportunities to improve primary care access if system and primary care medical partners take opportunities to refer into community pharmacy services wherever possible, e.g., the oral contraceptive service which was commencing and could potentially free up GP appointments.

AD enquired whether communications outlining the community pharmacy services on offer within the boundaries of each PCN could be provided. JS said that the Connected Pathways Programme of work covered this and initial discussions had taken place with the Communications team on the best way to make the information available. KSS suggested

that wider comms work was also required setting out the specifications of services on offer e.g., eligibility criteria, outcomes etc.

KSS advised the most up to date information on local pharmacy availability and services could be found on the NHS website as availability and services on offer could often change due to winter pressures.

SA suggested there was a need to look at how to create a local environment to share this level of information between providers rather than rely on the Communications Team to overtake local level working relationships and asked AD to consider with colleagues.

ACTION: AD to discuss with colleagues a cultural approach to sharing information on local service provision and availability for community pharmacy and provide a verbal update at the January or February meeting.

PCCC Away Day

SA advised that a face-to-face PCCC meeting was planned for Thursday, 29 February 2024 at Anglia Ruskin University, Chelmsford Campus between 10.00am – 3.00pm. There would be a strategic session in the morning, followed by lunch and operational business in the afternoon. The meeting on 29 February would replace the meetings scheduled for 7 February 2024 and 6 March 2024.

SA advised that programme details would be issued in advance and requested that members prioritised the away day in their diaries.

16. Date of Next Meeting

9.30am, Wednesday 10 January 2024 via Microsoft Teams.

Minutes of ICB Primary Care Commissioning Committee Meeting

Wednesday, 10 January 2024, 9.30–11.30am

Via MS Teams

Attendees

Members

- Sanjiv Ahluwalia (SA), Primary Care Commissioning Committee Chair.
- William Guy (WG), Director of Primary Care.
- Dr Anna Davey (AD), ICB Primary Care Partner Member.
- Pam Green (PG), Alliance Director for Basildon and Brentwood.
- Dan Doherty (DD), Alliance Director for Mid Essex.
- Aleksandra Mecan (AM), Alliance Director for Thurrock.
- Viv Barker (VB), Director of Nursing for Patient Safety.
- Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.
- James Hickling (JH), Deputy Medical Director (Nominated deputy for Dr Matt Sweeting).
- Ashley King (AK), Director of Finance Primary Care and Strategic Programmes (Nominated deputy for Jennifer Kearton).
- Caroline McCarron (CMc), Deputy Alliance Director for South East Essex (Nominated deputy for South East Essex).

Other attendees

- Dr Brian Balmer (BB), Chief Executive Essex Local Medical Committee.
- Vicky Cline (VC), Head of Nursing, Primary Care Quality.
- Jennifer Speller (JS), Deputy Director for Primary Care Development.
- Simon Williams (SW), Deputy Alliance Director Basildon and Brentwood.
- Kate Butcher (KB), Deputy Alliance Director for Mid Essex.
- Margaret Allen (MA), Deputy Alliance Director for Thurrock.
- Nicola Adams (NA), Associate Director of Corporate Services.
- Karen Samuel-Smith (KSS), Chief Officer, Community Pharmacy Essex.
- Sheila Purser (SP), Chairman, Local Optical Committee.
- Emma Spofforth (ES), Secretary, Local Optical Committee.
- Catherine Bicknell (CB), Planning and Policy Manager.
- Chris Cullen (CC), Corporate Services & Governance Support Officer (minute taker).

Apologies

- Dr Matt Sweeting (MS), Interim Medical Director.
- Jennifer Kearton (JKe), Executive Chief Finance Officer.
- Bryan Harvey (BH), Chairman, Essex Local Dental Committee.
- Jane King (JKi), Corporate Services & Governance Support Manager.

- David Barter (DBa), Head of Commissioning.
- Sarah Cansell (SC), Contracts Support Manager.

1. Welcome and Apologies

SA welcomed everyone to the meeting.

Apologies were noted as listed above. It was noted the meeting was quorate.

2. Declarations of Interest

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

Members noted the register of interests. Members raised no other interests.

3. Minutes

The minutes of the ICB Primary Care Commissioning Committee (PCCC) meeting on 6 December 2023 were received.

ACTION – NA to meet with JS to review minutes and agree any sensitive issues are minuted confidentially for sharing with the part 2 Board.

Outcome: The minutes of the ICB PCCC meeting on 6 December 2023 were approved, subject to certain items being noted confidentially.

4. Action Log and Matters Arising

The action log was reviewed and updated accordingly.

Action 90 – Community Pharmacy Update

The committee previously agreed a relationship building approach to enhance use of community pharmacy services and pathways. AD reported some reticence from General Practice to advertise the weblink sharing locations of local pharmacy services searched via postcode on their practice websites. The anxiety was due to it not including the local intelligence and support that the practice care navigators would be able to provide.

ACTION – JS to take signposting of pharmacy services for discussion with practice managers at the Access Programme Group to ensure this is led by Primary Care.

ACTION - PG to discuss with AD how to support the practice engagement in building relationships between primary care and pharmacy services through the Primary Care Account Managers.

It was noted that the outstanding actions (72, 73, 74, 80, 83, 84, 85 and 90) were all within timescales for completion.

5. a) Primary Medical Services Contracts and Highlights

JS presented the paper outlining the key activities and issues in relation to Primary Medical Services contracts since the last report and the key points below were highlighted.

To address concerns raised about a specific Practice in South East Essex, a 'Request for Information and Remedial Notice' was issued to remedy the breaches. The information requested has now been received.

The ICB was awaiting a formal update of the national position relating to the expected changes to the GP contract, which was creating challenges for the team.

Members noted that a commissioner assurance exercise on the Network Directed Enhanced Service (DES) delivery in 2022/23 had commenced and awaited the outcome report at a future meeting.

The committee was made aware of difficulties experienced by a number of GPs in negotiating leases, that could create instances of practices without leases, leases not meeting NHS requirements and landlords not meeting their obligations.

JH highlighted the need for ICB to provide support to practices ensuring lease agreements are fit for purpose and direct practices to guidance documents. JS provided assurance that support was provided by the Estates Team.

Outcome: The Committee NOTED the Primary Medical Services Contracts and Highlights update.

b) Operose Update

WG presented a report briefing the Committee on a potential Change in Control in Operose Health Limited and the engagement undertaken to seek feedback from stakeholders on the potential change.

The ICB received a letter to confirm the takeover process of Operose Health Group Ltd by 'T20 Osprey Midco Ltd' from the current owner MH Services International. Operose Health Group run several companies including The Practice Surgeries Limited who run two GP practices that have APMS contracts with MSE ICB.

The ICB instructed legal advisors to determine whether a formal change in control process was required relating to these practices, to clarify the position presented by Operose. Consequently, the ICB would ensure that due diligence is complete before authorising the contractual change.

In the meantime, an engagement process with stakeholders to raise awareness and seek feedback was underway. It should be noted that there was no material change to how services were contracted and delivered, so there would be no material change for patients. This message was now on the practice's website.

Outcome: The Committee NOTED the Operose update and supported the proposed engagement process.

6. Primary Care Quality and Safety

VC presented the paper providing the committee with oversight on the reporting / quality assurance needed to ensure that Primary Care clinical services were providing safe, effective, and quality care to all patients across Mid & South Essex (MSE).

Recent CQC inspections led to a change in ratings. Two Practices were rated as 'Inadequate', with five now rated as 'Requires Improvement'. Members noted that the Primary Care Quality Team were supporting affected practices during practice visits and through Time To Learn (TTL) development sessions.

JS highlight the CQC inspection report for one Practice (BMP) led the ICB to seek legal advice regarding the need for further contracting measures to seek assurances on implementation of their improvement plan.

SA noted that there was a national downward trend with CQC inspection performance largely driven by pressures on access and BB highlighted that was caused by an increase in demand.

Responding to a further question by SA, JS advised that poor CQC inspection performance could ultimately lead to loss of contract if CQC issues were viewed as a breach of contract, but this would be reviewed on an individual basis. The Quality and Safety team were working with practices where there was the greatest risk to resolve issues.

The Quality and Safety team highlighted no concerns regarding practices that could create a gap in services to the delivery of patient care.

Outcome: The Committee NOTED the Primary Care Quality and Safety update.

7. Estates Update

AK provided an update on the Primary Care (General Practice) Estates programme of work for the current, and future financial years, highlighting three key workstreams:

1. 'Business as usual' work programme relating to GP rent reviews and lease renewals.
2. 'Project' work relating to developments of existing and/or new premises, including work requirements relating to Reinforced Autoclaved Aerated Concrete (RAAC). This was a national finance problem, rather than local.
3. Future intentions to move from a reactive to proactive model of estates developments for Primary Care.

It was noted that the paper did not include estates for Pharmacy, Optometry or Dentistry.

SW raised concerns around timeframe for development cost issues on the current local developments. Members noted that for those to progress, the gap between national maximum guidance of £250 per sqm and developer's requirement for £300 per sqm would need to be resolved.

AK advised an update on the current 19 projects would be brought to a future Committee meeting, in addition to an update on the Infrastructure Strategy. There was no timeline on the issue of build costs exceeding local and national thresholds. No projects were being approved nationally and developers were lobbying NHS England. It was being escalated

across the country and the local Estates Team were in discussion with the responsible national director.

PG advised that the Infrastructure Strategies investment plan should reflect local priorities and health inequalities, particularly relating to the issues with property services that AK was working on. The Infrastructure Strategy required further work with the ICB Board around making difficult investment decisions, which might be contentious, and needed to have a logic model behind the plans.

AK advised of a local prioritisation tool which needed adapting to meet business as usual (BAU) demands, however the national approval of investment in new premises posed the greatest risk to new developments.

In response to SA, PG highlighted a view that the ICBs capital investment did not meet requirements of Primary Care, and flexibility was needed to move capital investment to meet requirements. This would require refocussing to a whole system approach to investment, stating investment in primary care and preventions services reducing requirements on secondary care.

The role of the PCCC was to assure and guide the Board to understand the benefits and requirements of prioritising the investment of capital in primary care.

ACTION – AK (with support from AD, PG, and WG) to lead on developing narrative to articulate the benefits of strategic prioritisation for investing capital in primary care.

WG highlighted the need to refresh the Primary Care Strategy in the context of the Integrated Care System (ICS), and the impact of investment beyond the estate and into preventative care. SA emphasised the importance of using the inequalities information from Joint Strategic Needs Assessments (JSNA) and Essex County Council (ECC) insights to inform population level outcomes in shaping the Primary Care Strategy.

PG stated that the Primary Care Strategy was a priority and needed to be developed to fit with the Access Recovery Plan, Integrated Neighbourhood Teams (INTs), and other developments in integrated working across the multiple primary care professions.

ACTION – PG/WG to develop a project plan to review the Primary Care Strategy to incorporate integrated working. WG to report back with a proposal and timeline for a strategy refresh at the March 2024 meeting.

JH advised that health inequalities work needed to be included in the Primary Care Strategy across all contracts and services, rather than targeted projects, and should be running through every decision made. AD supported this and highlighted the risk that some good ideas (e.g. Additional Roles Reimbursement Scheme (ARRS)) could increase health inequalities by improving services for well supported patients.

Outcome: The Committee NOTED the Estates update.

8. Primary Care Risk Management

WG presented the report providing an overview of primary care risks on the ICB's risk register and Board Assurance Framework.

The risks highlighted were reported to the ICB Board and were noted as two red rated risks: workforce pressure and demand outstripping capacity; and prescribing costs. 7 amber rated and 1 green rated risk was noted.

Members noted that further attention needed to be made on the risk of community pharmacy stability and the significant reduction in the number of pharmacies in the area. This risk needed to be updated to reflect the current situation, mitigations to stabilise the market and raise visibility with the board.

PG advised that fears around the community pharmacy closures was the most discussed challenge at the Health Overview and Scrutiny Committee (HOSC). It was noted that this was due to a business model change from pharmacy providers and not a commissioned change of service. The issue would be addressed in the pharmacy needs assessment with links to service loss in areas of deprivation. DB, PW and KS were meeting shortly to discuss the issue.

KSS advised that the ICB does have to take some responsibility for changes impacting the viability of services which need to be considered in the Pharmaceutical Needs Assessment (PNA) e.g. moving away from branded prescriptions, transfer of staff to ARRS roles. While the reduction in services was patchy, the dependable services remained and assessments did not identify any clusters of closures that created a gap in service requiring action to commission new providers.

JH added that ahead of service gaps becoming an issue, this committee needed to provide objective criteria to define the level where the gaps become so significant it would be wise to subsidise a pharmacy to prevent closure.

ACTION: Identify objective criteria to define the level where significant gaps in service require consideration to subsidise a pharmacy to prevent closure.

Outcome: The Committee NOTED the Primary Care Risk Management update.

9. Minutes from the Dental Commissioning & Transformation Group

The minutes of the Dental Commissioning and Transformation Group meeting held on 8 November 2023 were received.

Outcome: The Committee NOTED the Minutes of Dental Commissioning and Transformation Group.

10. Items to Escalate

None raised.

11. Any Other Business

Basildon and Brentwood Home Visiting Service Extension

PG reminded Members of a decision made in September 2023 relating to the extension of local enhanced services for home visiting to 31 March 2024 at Primary Care Network (PCN) level.

Subsequent discussions with providers and the PCNs were held to identify which model was suitable and agreement was reached for one PCN (West Basildon) to pilot a pro-active home visiting support model to support the Integrated Neighbourhood Teams, with the rest of the PCNs continuing with acute provision from BB healthcare services.

To fully evaluate the pilot required the current services planned termination date to be extended from March 2024 to September 2024 and PG would report back on progress with the negotiation and contracting of this arrangement.

ACTION – VC to ensure the Quality and Safety Team review and feedback on the proposal to extend Enhanced Services for home visiting outside of this meeting and are involved in the contract negotiation process.

PG advised that Thurrock do not have this service in place and potential investment could only be reviewed following the initial pilot assessment, with no guarantee of funding due to the ICBs financial position. SA highlighted the Committees responsibility to address this inequality of service. PG advised levelling out would require a budget line evaluation to potentially redeploy funding into providing home visiting in Thurrock through the financial recovery programme.

Outcome: The group supported PG in taking the proposal forward.

12. Date of Next Meeting

Next meeting is a face-to-face meeting, with 2 sessions before and after lunch which will be provided. Please advise JK or CC of any specific dietary requirements.

10.00 am – 3.00 pm, Tuesday 29 February 2024 at Medical School, Anglia Ruskin University, Chelmsford.

Minutes of Part I Quality Committee Meeting

Held on 15 December 2023 at 9.30am – 12.30pm

Via MS Teams

Members

- Dr Neha Issar-Brown (NIB), Non-Executive Member & Chair of Committee.
- Dr Giles Thorpe (GT), Executive Chief Nurse, deputising Chair for Items 1-9.
- Prof. Shahina Pardhan (SP), Associate Non-Executive Member.
- Dr David Walker, Chief Medical Officer, MSEFT.
- Joanne Foley (JF), Patient Safety Partner.
- Diane Searle (DS), Community Collaborative Lead.
- James Hickling (JH), Deputy Medical Director.
- Wendy Dodds (WD), Healthwatch Southend.

Attendees

- Stephen Mayo (SM), Director of Nursing for Patient Experience.
- Viv Barker (VB), Director of Nursing for Patient Safety.
- Linda Moncur (LM), Director of Safeguarding.
- Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.
- Gemma Hickford (GH), Consultant Midwife.
- Alix McMahan (AMc), Complaints and Patient Experience Manager.
- Emma Collyer (EC), Quality Manager.
- Sara O'Connor (SOC), Head of Governance and Risk.
- Lisa Roddam (LR), Lead for Psychology Therapies, EPUT.
- Rebecca Pulford (RP), deputising for Frances Bolger, Interim Chief Nurse, EPUT.
- Kate Butcher (KB), Deputy Alliance Director, deputising for Dan Doherty, Alliance Director for Mid Essex.
- Lydia Cranefield (LC), Associate Practitioner, EPUT.
- Rob McCarney (RMc), Consultant Clinical Psychologist, EPUT
- Kirsty Lally (KL), Senior Psychological Therapist, EPUT.
- Gavin Tucker (GT), Senior Clinical Fellow.
- Ree Wood (RW), Head of Quality, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).
- Helen Chasney (HC), Governance Officer (minute taker).

Apologies

- Dr Matt Sweeting (MS), Interim Medical Director.
- Diane Sarkar (DS), Chief Nursing and Quality Officer, MSEFT.
- Frances Bolger (FB), Interim Chief Nurse, EPUT.
- Peter Devlin (PD), Director of Adult Social Care Mental Health, Essex County Council.

- Amba Murdamootoo (AM), Deputy Director of Clinical Quality and Patient Safety, NHS England.

1. Welcome and Apologies

GT welcomed everyone to the meeting. Apologies were noted as listed above. The meeting was confirmed as quorate.

GT advised that the Quality Committee membership had been amended to a core membership, with other staff members invited if they were specifically requested to present a report. A reminder to not 'forward on' the Quality Committee meeting invitation was provided to maintain good governance regarding membership and attendance.

2. Declarations of Interest

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

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

3. Minutes & Matters Arising

The minutes of the last Quality Committee meeting held on 27 October 2023 were reviewed and approved.

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

4. Action log

The action log was reviewed, and the following updates were noted.

- **Action 36** – The slide deck would be shared with core committee members.
- **Action 42** – The safeguarding assurance framework would be included in the next cycle of Safeguarding Report.
- **Action 48** – Paediatric quality assurance visits had been rescheduled.

Resolved: The Committee noted the Action Log.

5/6. Lived Experience Story & Deep Dive – Eating Disorders Service

RMc advised that there had been considerable investment over the last 3 years nationally which had enabled change in the eating disorder service. There were several drivers for change which were the Parliamentary and Health Service Ombudsman Report 2017 which focused on deaths in the East of England associated with the eating disorder service and the forthcoming national guidance on Eating Disorders, Autism and Avoidant and Restrictive Food Intake Disorder (ARFID).

The Trust wide service had doubled in size in 3 years and had become more multidisciplinary. A wide range of therapies, medical monitoring, day services and inpatient beds were available and had been guided by the Transformation Steering Group.

The East of England (EofE) Adult Eating Disorder Provider Collaborative was formed with the objective to treat people nearer to home, and reduce the need and length of admission into hospital. A single point of access to the inpatient Specialist Eating Disorder Units (SEDUs) would be provided, and admission alternatives with the launch of the Virtual Intensive treatment (VIT) and a structured pilot of Intensive Community Support Teams.

A video was shown which demonstrated several patients' experiences and highlighted the challenges and benefits of the eating disorder service.

There were several areas of focus in the service transformation and were highlighted as follows.

LC advised that medical monitoring was underpinned by the Medical Emergencies in Eating Disorders (MEED) guidance and now included a multi-disciplinary team which comprised of a consultant psychiatrist, General Practitioners (GPs) and a dietician who interpreted and advised of results and blood tests and ECGs which were performed in house and enabled a quick turnaround of results to identify emerging problems more effectively. The provision of in house prescribing ensured timely delivery and reduced the need for emergency interventions. Clinical discussions regarding the frequency of monitoring were reviewed in the weekly medical monitoring MDT alongside a bi weekly transformation focus group which supported protocol development and safer ways of working.

KL advised that the psychology workforce had expanded with Assistant Psychologists, who offered guided self-help and supported clinical management, Clinical Associate Psychologists, who looked after individual cases and provided support with the assessments, and the 'recruit to train' trainee CBT therapists, which were funded by NHS England. An extended list of therapies was also offered within the service.

LR advised that the trauma informed service was developed by supporting staff with regular supervision, a senior clinician on duty was allocated each day to discuss clinical issues and reflective practice groups were being held for all staff. A compassion focused therapy group was being piloted with staff and would be rolled out to clients as a community group, trauma therapy offered in house for those with trauma presentations and an audit of the trauma informed practices would be conducted with the Trauma Alliance in South East Essex for pathway development and a focus on the sensory environment to provide a holistic approach.

RM advised that the transitions within the Adult Eating Disorder Service included child to adult transition, university transitions and inpatient and outpatient care. Monthly meetings were held with Childrens and Young People (CYP) service to discuss transition. The service user network (SUN) was being developed and there was a focus on university transition, where self-referrals were being trialled. First-episode Rapid Early-intervention for Eating Disorders (FREED) was a national model, based on early rapid intervention and the most effective way to support good outcomes. There were set compliance targets for access to therapies within National Institute of Clinical Excellence (NICE) guidelines. The benefit of the transformation had been closer working with commissioners to change the services in Essex and good progress was being made.

In response to a question from RB regarding a pathway for people with Autism, RMc advised that discussions relating to collaborative working were being held, and there was an awareness of the amalgamation of the Dynamic Support Register (DSR). The adoption of the transforming care programme and the Care Treatment Reviews (CTR's) would support the provision of the appropriate care required. An autism pathway was being developed, to recognise the chronic long-term condition and offer treatment accordingly, along with a review of the community service. GT highlighted the Autism Outreach Service, which was currently being commissioned, and the opportunities to signpost the service.

NIB queried the success rate of the pathway being followed and whether the programme would be sustainable. RMc advised that FREED had been established in West Essex and had been a challenge across the rest of Essex. The service was recovery focused so would be looking at longer term support for people with chronic conditions and linked into Severe and Enduring Eating Disorders (SEED) and progress was a national challenge. KL advised that team expansion had enabled the offer of a consultation service for those with complex needs and linked in with other services.

RM confirmed that a training package had been developed and should be launched in February/March 2024, and the offer could be extended to the wider system, acute hospital settings and general practices, along with the proposed development of a GP advice line and GP liaison roles.

KL commented that the challenges in the autism pathway were the length of time taken for an autism assessment and trying to adapt treatment. The pathway was being managed well in the west, however staffing was a challenge and there had been delays in therapy treatment, although interim support was being provided.

In response to a query from SP regarding engagement, RMc advised that access was a concern as some people who accessed the service were not engaged therapeutically for several reasons, so could be re-referred later. LR confirmed that a range of other treatments were available to enable fitting the approach to the client, which supported engagement.

SP asked if there was an awareness that these services were available and how they could be accessed. RM advised that there were several myths on who could have an eating disorder and the training offered would partly address that, so professionals could recognise and acknowledge eating disorders and appropriate advice provided.

KL advised that the training provided included minority groups, such as men, LGBTQIA+ and ethnic minority population. RB advised that previously, questions were asked about sensory issues specifically relating to food and other aspects should be recognised to gain a broader understanding, such as background noise or noise of other people eating. SP suggested that other avenues could be used that were more culturally appropriate, such as music therapy, for groups that may not be engaged.

RMc advised that it was important to offer a much broader service of concordant therapies for eating disorders and could include drama therapy and art therapy.

WD applauded the work and from a Healthwatch perspective was interested to note the changes made arising from patients comments and feedback would be provided to Healthwatch.

Resolved: The committee noted the deep dive and lived experience stories relating to Eating Disorders.

7. Safety Quality Group - Escalations

GT provided a verbal update on the following key points:

A workshop led by the NHS England Regional team was held on the function of the Safety Quality Group (SQG). The Terms of Reference would be reformed with the function that the key risks which sit across the system and involve multiple partners would be reviewed. The group would be a learning and improvement space, directed by the Quality Risk Register. SQG members would be receive the ICBs risk register relating to quality to ensure the risks identified were accurate and relevant and work plans developed for any gaps identified. Conversations were held highlighting system topics to be discussed, such as the wider learning disability and autism agenda across all ages, wider aspects of mental health and an opinion from different sections of the systems would be sought, including local authority and voluntary sector partners. The first new SQG meeting would be held end January/beginning February, dependent upon operational challenges.

Resolved: The committee noted the verbal update on the Safety Quality Group escalations.

8. Emerging Safety Concerns/National Update

GT highlighted the following key issues:

The National Childrens and Young People (CYP) Board was held, which focused on the development of service transformation. Key areas discussed were the national paediatric early warning score, which was currently being rolled out in the acute setting and would be further rolled out to community and primary care and mental health settings, with a consideration to include carer or parental concern as part of the escalation pathway.

From a CORE20PLUS5 perspective for CYP a presentation was given on epilepsy. Young Epilepsy, national epilepsy charity, recognised the impact of CYPs mental health, how they were marginalised, and the issues in relation to education and access to education and social deprivation being the key determinants which led to poorer outcomes for CYP with epilepsy. A national bundle had been developed, focused on supporting the mental health wellbeing of children, and focused on transitional care moving from children to adult services for epilepsy support and the national variation of care. A suggestion had been made on whether this should be area of focus for the CYP stewardship group and how we were ensuring education at schools related to provision of support CYP, including how to deal with seizures.

CYP Board highlighted that neurodiversity was a cross cutting theme across all reported presentations and Ruth May, Chief Nursing Officer had undertaken work with central government to ensure equity of access.

VB asked if PEWS would be modified for community and mental health services as the infrastructure might not support the escalations in the same way as the acute settings. GT agreed and advised that drafts were expected within the next year.

SP asked if there was an awareness of how many children in the system had epilepsy and

whether they were matched or had access to the service. GT advised that there was population health data and national data in terms of service provision in relation to epilepsy. GT would speak to the CYP team to ensure that the service provision is not affected by the number of available epilepsy nurses and key actions in relation to diagnostics were included on the joint forward plan.

PW referred to the most recent alert regarding sodium valproate and the need to have a focused workstream which has picked up the lack of the clinical nurse specialists that undertake pre-pregnancy checks.

Resolved: The Committee noted the verbal update on the national agenda items.

Action: GT to speak to Childrens and Young Persons team to ensure that epilepsy service provision was not affected by the number of available epilepsy nurses.

9. ICB Board/SOAC concerns and actions

GT explained that concerns had been raised relating to key quality issues at MSEFT which were reported at the System Oversight and Assurance (SOAC) meeting.

Aseptic Units

DW advised that the risk regarding drug preparation at Southend had developed over the last few years due to an increase in demand and the quality and size of the environment, as the production of the treatment was a specialised process. Southend was currently being refurbished and with full capacity, less than half the doses required were being produced. The outsourcing had been increased to meet demand but was not a robust solution for the longer term due to cost and reliability as the demand for outsourcing could increase from other areas. A business case had been developed to increase production and capacity across all 3 sites. The area of expertise was hard to recruit into and the size of the environment was very limited.

SP asked for assurance that the business case would not be delayed. DW advised that the business case had been developed and would be presented at the next Investment Group meeting. All risks would need to be reviewed due to the financially challenged position. The chances of the business case being approved was positive due to communication from NHSE relating to the financial position for this year and to discourage use of outsourcing.

NIB asked what a likely sustainable solution would be to ensure the trust was moving towards. DW advised that the trust were trying to meet demand by in house production. The outsourcing had enabled gaps to be filled on what was produced and required. The outsourcing was increased by 200 per month in addition to what was being delivered previously which was meeting demand, so enabled an increase to the number of patients treated.

In response to a query from NIB, PW confirmed that the MSE specific data collection and analysis report had been received from the region and would be shared.

Head and Neck Cancer – Restorative Surgery

DW explained that this service that was not currently provided, which was reviewed periodically. The issue was that the demand for service was low so if a service was created

locally it would be with limited capacity which would be fragile with no consultant cover for annual leave or if there was a surge in capacity. The quality of service would be better in a bigger department with multiple consultants. Currently, patients were referred to other providers where services were stable.

Diagnostic Waiting List Backlog

Further to the report being written, there had been an announcement of further industrial action. The diagnostic backlog in radiology and endoscopy had stabilised and improved in recent months, but further industrial action would increase the backlog and was possible that the improvement made would deteriorate.

The urgent or cancer referrals were automatically prioritised when received and closely monitored. Delays in routine referrals could occur, so every referral was reviewed to ensure it was appropriately classified so that urgent or cancer referrals were routed to the correct pathway. The longer waits were reviewed periodically and brought forward as required. There were also routes for referral by theatres and GPs if there were specific concerns. Retrospective harm reviews were carried out and had been a recent challenge due to the elective backlog and patients who breached the RTT 52 weeks were subject to harm reviews. If a patient had come to harm, a clinical incident would be reported, and linkage with the PSIRF process was currently being reviewed, particularly theme analysis for delays.

Another area being reviewed would be to review the patient's pathway earlier, whilst awaiting treatment, to ascertain whether a higher risk of harm could be predicted to instigate earlier intervention which was something that could be applied to diagnostics.

SM appreciated the economies of scale with the restorative dentistry, and asked if tests, diagnostics and outpatient appointments could be completed locally and the surgery or clinical interventions in other areas. DW advised that one of the merger benefits was that more services could be repatriated and delivered locally, however, this service would be for a small number. Currently, the surgery was performed locally, but referred out where restorative surgery was required, which included the outpatient appointments.

JH advised that the Essex Local Dental Network Chair had advised that a trial had been completed which evidenced the need for service, which would also benefit hypodontia patients and asked for the data from the trial to be shared. DW advised that a management review had taken place but was not aware of a trial. A discussion would be held offline.

RP referred to the psychological harm and the opportunity to link in with the Patient Knows Best portal for some patients to undertake psychological tests whilst waiting which could measure harm pre and post treatment so that support could be provided. DW advised that the issue with psychological harm is that there was no baseline data, but would be included in the prospective work. GT advised that the cancer harm reviews showed that where there was low to moderate harm, over 90% was psychological harm.

Resolved: The Committee noted the report escalating concerns raised from the System Oversight and Assurance Committee.

Action: PW to share the MSE specific data collection and analysis report which had been received from the region.

10. Mental Health Quality Update

RP advised that the Quality of Care Strategy was signed off by the EPUT Board in December 2023. This had been 6 months in inception and was coproduced with patients. The Strategy incorporated the 3 pillars of safety, effectiveness and patient experience and would form part of the clinical governance structure, and underpinned by the quality assurance framework which would be developed over the next year.

The next steps would be to socialise the strategy within service level areas and deliver the strategic aims of the strategy.

GT asked that the next mental health update included what was being presented to the EPUT Board regarding quality and from a mental health perspective, the positive things that have happened and key concerns. The function of the Committee was to assure the ICB that there was robust oversight of quality within different sections of the system, which would triangulate the delivery aims of the strategy. NIB added that it would be beneficial to be provided with an update of the core aspects mentioned in the strategy as and when plans were developed.

Resolved: The Committee noted the Mental Health Quality Update Report.

11. Local Maternity and Neonatal System (LMNS) Board – Quality Update

GH highlighted key issues discussed at the Local Maternity and Neonatal System Board.

A significant increase in neonatal deaths had been reported since summer and was important to recognise that this was a reflection of all neonatal deaths, of which some were linked to babies which have showed signs of life when pregnancy had been terminated or where babies were extremely premature, with a poor prognosis of survival. Work was ongoing with the Trust to understand the detail behind each case for assurance as to whether a significant change was indicated and would be presented to Committee on completion of the deep dives.

The assurance process relating to CNST was planned and in place for the ICB and would be completed over the next month.

NIB asked if this was due to an improvement in reporting or erroneous reporting if there was an error. GH explained that the maternity assurance committee highlighted concerns about data quality and NEDS have asked for absolute clarification of this information and whether there had been inconsistent reporting previously. Work was ongoing with the bereavement lead midwife and the Medical Director to gain an understanding of what has occurred. The details of every neonatal death between August and October had been shared and 50% of those cases would not fall under the definition of a neonatal death according to MBBRACE, which meant that concerns would be of a different nature rather than care. GH provided assurance that the information had been reviewed and asked for data to be captured in further charts with separation of the two groups. The Trust held regular perinatal mortality review meetings where every case classified as a neonatal death over 24 weeks would be reviewed from a multidisciplinary perspective.

SP requested information on where lessons have been learnt. GH advised that a revised SPC chart would provide more clarified data, but could be difficult as neonatal deaths can vary by cause. An external review had been undertaken in 2022 relating to stillbirths and neonatal deaths in MSEFT, with an associated action plan overseen by regional team and NHSE maternity improvement advisor. There was a reduction in stillbirths so the quality improvement actions taken was having a positive impact. Conversations held with the Operational Delivery Network externally in relation to neonatal was not expressing a concern. A data cleanse was required and assurance with the 2022 action plan and then a secondary review would be completed. There was triangulation with the 60 steps of safety which had been undertaken in 2 maternity units and the regional team had been complimentary about the units in terms of the change in practice and staffing.

SP asked how the slight differences in vacancy numbers in the 3 hospital sites was being addressed. GH advised that the key focus was retention and the variation had become apparent recently and would feed into some of the activity going forward. The main focus was making sure that students and newly qualified staff were supported and had a good preceptorship package. Internationally recruited midwives were being sought to address gaps and was ongoing until February. SP asked if the quality of skills of international nurses were satisfactory and if not, were the educational establishments being contacted. GH advised that the trust worked closely with Anglian Ruskin University and provided all current pre-registration midwifery students. Greenwich were supporting the apprenticeships and consideration was being given to consider students from other institutions to increase capacity with a 2nd cohort of student midwives. No concerns had been raised regarding the quality of students.

Resolved: The Committee noted the LMNS Board Quality Update report.

12. Safeguarding – Quarterly Update

LM advised that there were a few recommendations within the paper for consideration by the Committee.

There was a national consultation on ‘Working Together to Safeguard Children’ and the final document was due to be published today and would have implications on working with partner agencies and therefore the recommendation would be to remain as a reporting document.

The new asthma pathway had been fully implemented, which would be audited on compliance. The recommendation is to cease reporting and provide a report on the compliance audit.

The management of non accidental injuries was reported through SQG and Quality Committee. A working group had been set up with engagement from acute providers, clinical leads and social care. This would continue to be a concern until a pathway had been agreed across the 3 acute sites and community provider organisations and the recommendation was to remain reporting on this item.

There were some concerns in the system with private antenatal care but no escalations reported relating to when mothers choose private maternity care and how this would be picked up after the child was born, how GP, statutory services and health visitors were notified. Discussions had been held with GH and would need to be reviewed across the

whole system. The recommendation would be to remove from the safeguarding report and should be escalated in wider quality issues. GT confirmed that it would be escalated through the LMNS Board due to the potential safety concern.

WD asked if there was any link between patients receiving private maternity care and the study on neonatal deaths. GH advised that past research had shown that generally outcomes from private antenatal care was very good because there was a high level of constituency and continuity. Many people would use both private and NHS care, such as a private midwife but would still access scans and bloods at a local hospital to minimise costs.

Skin marks on babies has been escalated from the Southend area where health visitors found that babies were being discharged with no body map completed, therefore safeguarding concerns were being raised. A deep dive had been completed and the outcome was a paperwork issue, so the recommendation was to cease the reporting. In response to a request from NIB for clarification on paperwork issue identified, LM explained that an audit was completed, which found the information was captured in the patient notes, but not shared on the discharge body map and there were no safeguarding issues identified. A digital solution was being reviewed on how the body map could be included when referrals were made to health visitors.

Sexual Assault Referral Centre (SARC) was commissioned by NHSE for the clinical side and police for the forensic side. No assurance was being received from the service provider, Mountain Healthcare, and a Safeguarding Lead was now attending the assurance meetings. The recommendation was to cease reporting unless there were any escalations.

Right Care Right Person was a national model developed by police colleagues and related to ensuring that the appropriate service responded to the appropriate call out, as there were areas in the report where the police would not be the best person to respond. The police would respond if there was a risk to life. Assurance was required from provider organisations to confirm that policies and procedures were revised. A meeting was held with police colleagues to agree a data capture tool to review every missing person call received so problem areas could be identified.

GT confirmed that there was a national requirement for healthcare providers to feedback in terms of the right care right person policy and NHSE were collating the feedback. The provider organisations require the right systems and processes in place, particularly in relation to missing persons, so that they were utilising their Stage 1 and Stage 2 protocols and not calling the police service immediately. If there was an immediate risk to life the police would become involved.

There was a small section of the population that exhibited disruptive behaviours because of distress or trauma and the police were called initially, which were not the right agency for purposes of escalation. This would form part of the ongoing work for implementing the Right Care Right Person initiative in order to ensure that appropriate responders were involved to de-escalated situations.

Resolved: The committee supported the following recommendations in relation to the matters within the relevant sections of the report listed below:

Section 2.1 Working Together Consultation – to remain as a report item once final

document was published and implications to system identified.

Section 2.2 New Asthma Pathway – to stand down from reporting as work was complete, the pathway has been rolled out and a planned review was scheduled.

Section 2.3 Non accidental injury and child protection medicals – to remain a standing item on the safeguarding report until sufficient assurance was received that actions taken were robustly implemented and audited.

Section 2.4 Private antenatal care – step down from safeguarding reporting and would be overseen by the LMNS Board.

Section 2.6 Skin Marks in Babies – to stand down from reporting as the system partners had identified a robust program of works to address this communication issue.

Section 2.7 SARC – to stand down from reporting and would be closely monitored by the ICB Safeguarding Team.

Section 2.8 Right Care Right Person – assurance required from commissioned services/providers that suitable action had been taken to these revised models of working by the Police, and robust Standard Operating Procedures (SOPs) had been put in place to manage these changes. This was wider than a safeguarding escalation therefore needs to sit within the wider Quality Committee governance.

13. Patient Experience Team Update

AMc advised that 1200 concerns, complaints and enquiries were received from April to November and of those 78% were received between July and November which supported the delegation of primary care complaints. There were still a high number of cases (345) that were attributable to the primary care delegation and the internal restructuring, which were being addressed following the completion of consultation.

There had been 7 cases raised with Parliamentary and Health Service Ombudsman (PHSO) since beginning of April, and no themes were identified. One case had progressed to a detailed investigation. The top areas of complaint and concern were care and treatment, medication, attitude of staff, appointments and waiting times. The top areas for primary care were care and treatment, prescribing and attitude of staff.

A thematic breakdown of the categories and the directorate areas was completed and identified that the top 3 themes were slightly different for Thurrock and Mid Essex, however care and treatment remained the same theme across all alliances.

AMc highlighted that reduced staffing numbers in the complaints team were impacting on the response times. The other concern was the delayed implementation of Datix which had been impacted by the restructuring.

In response to a query from JH, AMc confirmed that the clinical reviewers were reviewing the complaints and a meeting was being held with other ICBs to identify whether this would be a hosted service or on a framework basis, which could impact on the relationships with the clinical reviewers. JH suggested keeping the clinical reviewers as one body across the whole region from a quality and benchmarking point of view as they would provide a more

consistent service.

SP asked if there was any information on how severe the complaints in GP practices were. AMc confirmed that there was data which would be offered to alliances.

NIB agreed with GT that implementation of Datix should not be rushed, however requested assurance on the timescales. GT confirmed that a meeting was being held in January 2024. SoC advised that the complaints and risk modules were nearly complete and resource had been raised in the governance team to ensure that Datix was managed appropriately.

Resolved: The Committee noted the Patient Experience Team Update report.

14. Learning Disabilities & Autism Update

RB advised that she would provide an update on the Learning Disabilities & Autism (LD&A) health inequalities programme and was a brief overview of the performance metrics shared at Board. There had been a suggestion that a deep dive into one of these areas would be completed and feedback provided to Quality Committee for insight.

Adults with Learning Disabilities (LD) were dying over 20 years earlier than the general population. The Learning Disabilities Mortality Review (LeDeR) programme reported on the range of issues accessing healthcare for people with autism which was slightly lower but still life limiting and considerable mental health issues.

People with LD tended to be admitted to mental health beds inappropriately, and for a long time in some instances. There was a target across Southend, Essex and Thurrock that no more than 41 adults should be in mental health beds, which had been reached. Of those, 22 were from Mid and South Essex.

There were 9 people identified in mainstream mental health beds who were not known to the team previously. They had been offered support which included a case worker to coordinate issues, care and treatment reviews and the ability to access other services, which could be a keyworker function or autism only advisor for children up to age 25. The numbers of children had increased in the last month, and there was a small cohort who were unable to return home for complex reasons, whose needs would be met by children's homes or fostering, which was being considered but attracts a high cost. There was a high proportion of young people with autism only with high suicidal risk, self-harm and eating disorders, who were being admitted in the acute setting unplanned, which the acute setting was finding difficult to respond to in a planned way so there was a requirement to develop a better community offer for those young people. The Dynamic Support Register would now be under the control of the LD&A team so that lists could be managed and earlier preventative work could be developed.

Funding was being sought to increase the capacity in the CETR team to carry out the CTRs for Adults as numbers had reduced. The annual health check numbers looked low as they were based on NHSE figures. Primary Care would normally carry out their annual health checks for people with LD in Quarters 3 and 4. The numbers for Stopping Over Medication of People (STOMP) with LD & A was a concern and a national programme had been developed to reduce numbers. Essex Learning Disability Partnership (ELDP) had specialist clinics, but numbers continued to increase.

The LeDeR report had been published, and the action plan was awaiting signoff. In terms of

the metrics, reviews were generally completed within 6 months of notification, apart from if there was an open safeguarding case, coroners inquest, serious incident, police involvement or difficulty accessing notes. The numbers which should have a focused review were above the target of 33% for MSE which had been positive in providing a nuanced view and new recommendations.

The numbers were provided for people who were placed out of the county and those that had come into the system from an out of county area. Meetings were held with NHSE and ICB to discuss the plans for the long length of stay people with complex reasons. There were concerns with CYP with eating disorders who were required to go out of county for specialist beds.

The key issues and successes of the programme had been identified and detailed in the report.

SM recognised all the good work completed in relation to the acute and inpatient work and suggested a focus on preventing admissions to hospitals as people were often admitted on a medical ward or paediatric which presented challenges. GT advised that the standing agenda update item would be the performance position that the health inequalities board had maintained and improved so that areas of focus could be identified. NIB suggested that national comparison reporting would also provide areas of focus, particularly in a preventative pathway.

Resolved: The Committee noted the Learning Disabilities & Autism Update report.

15. Babies, Children and Young People Update (PEWS)

GT advised that System-wide Paediatric Observation Tracking (SPOT) would be the digital system that supported Paediatric Early Warning Score (PEWS), when the system transferred to the Electronic Patient Record.

GT highlighted 'Martha's Rule' which allowed parents to raise concerns for an independent review. The key recommendations were that any referral must go to an independent team, the referral point must be reliable, such as critical care outreach team, there must be good communication from family to team and accessibility and the opportunity for junior members of staff to raise concerns if support is not being provided from their seniors. A call for concern programme was in place at MSEFT which was being reviewed by the MSEFT Chief Nurse to ensure Martha's rule was fully implemented in the acute hospitals. A further update would be provided in future acute care reports.

Resolved: The Committee noted the Babies, Children and Young People report.

16. Patient Safety and Quality Risks

SOC advised that there were 18 risks currently within the remit of Quality Committee. The risks were realigned to the new ICB directorate structure, with ongoing discussion on the directorate portfolios.

Of those 18 risks, there were 6 rated red and related to health inequalities, mental health acute and provider quality assurance, quality assurance of Autistic Spectrum Disorder (ASD) services, compliance with mental capacity act, acute provider quality assurance and maternity services.

There were 3 new risks, compliance with the Mental Capacity Act, antimicrobial stewardship and drugs of dependence and 1 risk recommended for closure which related to the CYP Palliative and End of Life Care as the workforce issues at Little Havens had been resolved, although children's palliative care was also included within another risk on the risk register.

The latest iteration of the ICB Board Assurance Framework (BAF) was appended to the report, which was submitted to each ICB Board meeting and included 6 quality related risks.

The implementation of Datix was ongoing, the risk register module had been designed and required final review. The system will provide people with greater ownership over their risks, improved data and triangulation with complaints and incidents.

NIB suggested the assurance should be sought on specific risks, particularly those that had been on a register for a long time. GT advised that the risks would be sent to partners with details of the workplan from a SQG perspective. GT suggested that emerging risks should be considered with referenced to the national agenda. A suggestion was made to consider emerging risks by reviewing the national agenda.

In response to a suggestion from SP, NIB commented that it would be beneficial to know the period that a risk had been rated as red, to ascertain whether urgent attention or closer scrutiny was required. GT also suggested that the ICB could also consider whether the risk could be tolerated.

Resolved: The Committee:

- **Noted the patient safety and quality risks report.**
- **Approved the closure of risk CYPO6 and noted that palliative care was included within another risk.**

Action: Meeting to be arranged for GT, VB, SM and SoC to discuss the identification of emerging risks.

17. Quality Accounts

GT confirmed that the quality account had been received from St Lukes Hospice and the ICB response was attached for ratification. All quality accounts had been received that were within the systems statutory responsibility for oversight and approval. Other organisations involved multiple ICBs and so would not necessarily require approval from the MSE ICB.

Resolved: The committee ratified the quality accounts of St Lukes Hospice.

18. Discussion, Escalations to ICB Board and agreement on next deep dive.

NIB advised that the system of escalation was being reviewed.

HC confirmed that approved minutes of Quality Committee meetings were submitted to the Part I Board ICB meetings. In addition, GT submitted a regular Quality Report to the Board highlighting issues discussed at the committee and any urgent escalations.

19. Any Other Business

GT advised that there had been media attention regarding a twin birth case in 2014 where the second twin was born in poor condition. A significant amount of work had been undertaken in maternity and neo natal services since then and there were 8 areas where lessons were learnt and arrangements for shared learning was detailed at the time. Since 2014, several groups had been formed, including the peri natal mortality review group, ICB oversight, maternity assurance committee and different staffing models were now in place, with strengthened obstetric oversight.

NIB and SP asked if there were any similar recent cases and what were the outcomes. GT advised that a discussion could be held with NHS Resolution and the maternity improvement team, who hold all the data on the legal cases, to do benchmarking analysis and invite them to a Quality Committee.

Action: GT and GH to discuss with NHS Resolution and the maternity improvement team to compile a benchmarking analysis report for presentation at a future Quality Committee meeting.

20. Date of Next Meeting

Friday, 23 February 2024 at 10.00 am to 1.00 pm via MS Teams.

Integrated Care Board (ICB) System Oversight & Assurance Committee (SOAC)

Minutes of meeting held 10 January 2024 at 1.00 pm – 3.00 pm via Teams

Attendees

Members (Voting)

- George Wood (GW), Non-Executive Director of MSE ICB and Co-Chair of Committee.
- Tracy Dowling (TD), Interim Chief Executive, MSE ICB.
- Dr Giles Thorpe (GT), Executive Chief Nursing Officer, MSE ICB.
- Lisa Fautley (LF), East of England Ambulance Service Trust (EEAST).
- Elizabeth McEwan (EM), Assistant Director of Programmes NHSE/I East of England.
- Lisa Adams (LA), Interim Chief People Officer, MSE ICB.
- Dr Matthew Sweeting (MS), Interim System Medical Director, MSE ICB.
- Jennifer Kearton (JKe), Chief Finance Officer, MSE ICB (from items 7 to 10).
- Dan Doherty (DD), Alliance Director (Mid Essex), MSE ICB.
- Diane Sarkar (DS), Chief Nursing Officer, MSEFT.
- Matthew Hopkins, (MH), Chief Executive, MSEFT.
- Sanjeev Rana (SR), Regional Medical Director IC24, and Urgent Care Steward MSEICB.
- Alexandra Green (AG), Chief Operating Officer, EPUT

Other attendees

- Jason Donovan (JDo), Head of Finance (Assurance), NHS England.
- Karen Wesson (KW), Interim Director of Oversight, Assurance and Delivery, MSE ICB.
- James Hickling (JH), Associate Medical Director for Quality Assurance & Governance / Nominated lead from Clinical and Multi-Professional Congress.
- Selina Dundas (SDu), Deputy Chief People Officer, MSEFT.
- Sarah Griffiths (SGri), Deputy Regional Director of Finance, NHS England.
- Joanne Dickinson (JDi), NHS England Regional Mental Health Team.
- Susan Graham (SGra), Director of Operational Performance, EPUT.
- Marcus Riddell (MR), Interim Chief People Officer, EPUT.
- James Wilson (JW), Essex Partnership University NHS Trust (EPUT).
- Sara O'Connor (SO), Head of Governance and Risk.
- Vickie Bennett (VB), Business Manager (People Directorate), MSE ICB.

Apologies Received

- Simon Wood (SW), Regional Director for Strategy & Transformation NHSE/I East of England and Co-Chair of Committee.
- Emily Hough (EH), Executive Director of Strategy & Corporate Services.
- Lynnbritt Gale (LG), Director of Community Delivery and Partnerships, South East Essex, Essex Partnership University NHS Trust (EPUT).
- Dawn Scrafield (DS), Chief Finance Officer, MSEFT.

1. Welcome and Apologies (presented by G Wood)

GW welcomed everyone to the meeting. It was confirmed that the meeting was quorate.

Apologies were noted as above.

2. Declarations of Interest (presented by G Wood)

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

Declarations made by ICB Board members are listed in the Register of Interests available on the ICB's website.

There were no declarations of interest raised.

3. Minutes (presented by G Wood)

The minutes of the last SOAC meeting held on 13 December 2023 were reviewed and approved with no amendments requested.

Outcome: The minutes of the committee meeting held on 13 December 2023 were approved.

4. Action log and Matters Arising (presented by G Wood)

Members noted the action log and the following updates were provided:

- **Action 97:** MH advised that the Good Governance Institute report had been received by the Trust and would be submitted to Trust Board in January.
- **Actions 97, 149, 155, 160, 161, 162, 164:** LA confirmed that these actions would be picked up under the Workforce report, agenda item 5.
- **Actions 168, 169, 170, 171, 172:** KW confirmed these actions would be covered under the Performance Report, agenda item 6, and advised that a new escalation form had been implemented.

There were no matters arising.

5. Workforce Report (presented by L Adams)

LA advised that following last SOAC there was an agreement that given the system continued to face significant workforce challenges (with nearly 1,500 over establishment at MSEFT and EPUT) urgent and robust action was required by setting up a taskforce. SOAC had previously received mostly verbal updates on progress and the intention was that future updates would be written and more data rich.

TD had written to Chief Executives and Chief Finance Officers (CFOs) advising she wished to receive evidence that effective controls had been implemented; additional data regarding vacancies and the number of staff over-establishment; and a tightening between workforce and finance plans, with budgeted establishment and a clear relationship between the ledger and other data sources for workforce. Finally, assurance regarding compliance with controls across the organisations.

LA advised that although the main focus had been on MSEFT and EPUT, she acknowledged other partner organisations had their own workforce challenges.

MR presented a set of slides relating to workforce within EPUT. Managers had suggested the use of temporary staff was mainly driven by vacancies, although increased operational rigour would be applied in this regard. The acuity of patients and associated observational requirements was increasing and workforce planning would need to reflect this, as well as a focus on recruitment for community services. MR confirmed the Trust now had full visibility of workforce data across the organisation and outlined additional controls being implemented or considered, including Executive Director/Chief Executive sign-off of expenditure and improving workforce planning.

AG assured colleagues that EPUT was mindful of clinical safety at all times but noted a culture shift was required with a focus on recovery and therapeutic interventions.

TD advised that MR's report provided a greater sense of assurance than had been evident previously but noted that agency staff used to fill vacancies were being paid up to the total number of hours allocated to the vacant post, rather than being paid for hours which were affordable based on funding for the post. TD advised that the former should only occur if there was an overriding safety issue but if not, providers must make appropriate choices to ensure that they remained within the financial envelope.

In response to a query from JD, MR advised that additional establishment control measures would commence the following week, but it was not yet clear how soon these changes would realise improvements in workforce and finances.

In response to a query from GT regarding the community nursing workforce and EPUT working as part of the Community Collaborative, AG advised that Joint Directors who were Alliance based worked across Provide and North East London NHS Foundation Trust (NELFT). The organisations were working to upskill staff to make every contact count. JW confirmed there had been positive improvements and he would be happy to bring a report to a future meeting if required, including an update on the Collaborative's 'Licence to Attend' initiative.

MH advised it was necessary to ensure the workforce control environment was robust, including accurate coding of reasons for engaging temporary staff, noting there might be an opportunity for shared learning between MSEFT and EPUT. The rollout of electronic rostering would improve the control environment to ensure temporary workers were only used where absolutely necessary.

GW queried the total establishment for EPUT, which MR agreed to review prior to the next meeting and confirmed that the Trust's workforce model was being reviewed as part of planning.

LA advised that the taskforce group would bring together all of the work being undertaken by provider organisations to consider opportunity costs and projection of savings.

SDu presented a set of slides relating to MSEFT's workforce and confirmed there were some parallels with EPUT, including issues with reconciliation of data. There was good progress in relation to nursing, but more work was required in relation to medical staff. Vacancies and turnover had decreased, but pay budget was 5% overspent in month 8. Medical pay expenditure was significantly impacted by the cost of industrial action taken by junior doctors. The focus was on workforce costs with weekly accountability meetings held, but capacity remained a challenge. Authorisation levels for the roster had been raised and DS regularly discussed this with ward managers.

DS also provided an update on more specific actions being taken, including ensuring cover for maternity leave was effectively planned.

SGri and EMcE raised comments and queries regarding the need to ensure that managers ensured budgets they were responsible for were managed appropriately and EMcE queried whether further training was required. MH acknowledged that middle management needed to refocus on these types of issues and advised that MSEFT's operating model was also under consideration to ensure it remained fit for purpose with clear lines of accountability and compliance. AG agreed and made similar comments in relation to EPUT.

TD thanked colleagues for their comprehensive updates and suggested there was a need to focus on more cost effective and quality solutions to address issues identified, such as the need to 'special' patients which could potentially be met by setting up peripatetic teams. TD highlighted the need for organisations to understand each other's challenges and address them on a collective basis. TD also highlighted North West London NHS Foundation Trust's (NWLFT) approach to implementing efficiency programmes. SGri offered to put committee members in touch with contacts at NWLFT.

GW noted that the East of England Ambulance Trust were no longer in special measures and asked LF to thank her colleagues for their work in in this regard.

In response to a query from GW regarding data quality, SDu advised that there was ongoing work to improve this. TD confirmed that the taskforce group would also be looking at this issue in depth.

LA presented a set of slides setting out the approach the taskforce would take to ensure there was a rapid progress regarding workforce planning and organisations remained in budget.

JDo welcomed the work that had been undertaken in the past few months and asked colleagues to ensure that triangulation occurred to ensure the underlying issues were succinctly communicated to regional colleagues so they could provide appropriate support. LA thanked regional colleagues for their support to-date.

There were no escalations from People Board.

Outcome: The Committee noted the Workforce Report.

Action: MR to undertake a comprehensive review of EPUT's establishment prior to the February committee meeting.

6. Performance Report (Presented by K Wesson)

KW presented the Performance Report, which was taken 'as read' and advised that the new escalation template form was now in use.

SGra and KW advised of the following escalations as set out on the appendices to the report:

- **Virtual Wards:** A deep dive into the Virtual Ward (VW) programme had highlighted that respiratory VW bed occupancy was running below target occupancy, highlighting a need for optimisation of the project; Heart Failure VW funding ceased in March 2024 - a new case would be submitted to the Investment/Dis-investment committee; and a review of the Discharge to Assess (D2A) pathway was required. KW advised that the latter was required to ensure the best health outcomes for patients currently on this pathway.
- **Cancer Services:** The Cancer Board meeting in December 2023 was cancelled but was mitigated by early collation of information for a meeting on 16 January 2024. The

latest Tier 1 meeting had resulted in a fairly positive position regarding cancer recovery. In relation to Aseptics, MSEFT would establish a meeting with the ICB, Specialised Commissioning and Cancer Alliance colleagues to ensure system oversight of this risk.

- Urgent Emergency Care (UEC): Evaluation of Unscheduled Care Co-ordination Hubs (UCCH) scheduled for end of January 2024; concerns regarding MSEFT emergency and medical consultant cover being filled on voluntary/intermittent basis; and ambulance drew dial-in into the UCCH was inconsistent, with crews dependent upon disciplines being present in the UCCH.

SGra provided an overview of the position relating to out of area placements as set out in the report, advising there was a surge of activity at the beginning of the month, with other challenges relating to capacity, but the target was met by month end. TD offered her support in escalating concerns to local authority partners if necessary.

KW advised that the work undertaken by MSE in relation to UEC had been acknowledged by NHS England at the recent Tier 1 meeting and an evaluation report would be provided to a future SOAC meeting.

MH advised that work was being undertaken by MSEFT to review how the Trust and its staff managed during the Christmas and New Year (NY) period to inform future planning and ensure the wellbeing of staff, particularly those who were on-call. MH had also asked Andrew Pike (AP) to discuss with NHSE whether the Trust should remain in Tier 1 and advised that currently there were only two legal undertakings remaining outstanding relating to cancer and elective.

EMcE explained that tiering was not based on the size of waiting lists, but she would be happy to discuss the rationale as to why MSEFT remained in Tier 1 with AP if required.

TD confirmed the Christmas/NY evaluation would also involve wider system partners to review the role of bronze/silver/gold command and thanked colleagues for the significant amount of work undertaken during the festive period.

JW welcomed this review from a community perspective and suggested KW should include the work of the Urgent Care Referral Teams in the UEC evaluation report.

MS also highlighted the need to evaluate several other relatively low-cost interventions that made a positive impact in reducing acute demand and improving patient care.

GW asked KW to provide information on the sources and amounts of funding spent on various initiatives to the workforce taskforce to inform a decision on which should continue or potentially be disbanded. KW confirmed that work had already commenced in this regard, and she would provide relevant information to the taskforce.

TD expressed frustration that a significant amount of funding was non-recurrent which made it difficult to plan future services and recruit staff on a substantive basis. However, it was important that cost effective initiatives providing safe and high-quality patients outcomes remained in place. TD requested JDo to communicate these concerns to his NHSE colleagues.

Outcome: The committee noted the Performance Report.

Action: KW to provide the workforce taskforce with information on the sources and amounts of funding spent on initiatives.

Action: JDo to advise NHSE colleagues of TD's concerns regarding the high level of non-recurrent funding, leading to an inability to effectively plan future services and recruit staff on a substantive basis.

7. Finance Report Months 8 and 9 (Presented by J Kearton)

JK advised that the month 8 position showed a system deficit of £60 million and explained that this was significantly attributable to both main provider Trusts. EPUT's current position was where they needed to be by 31 March 2024 in terms of the rapid reset commitment and it would be quite challenging to meet this. MSEFT was close to where it needed to land by year-end but again this would be challenging. The ICB had delivered the agreed surplus. The additional £12.6 million funding had been received and thanked NHSE colleagues for their support in this regard.

Month 9 figures were being compiled and would shortly be shared with NHSE.

As discussed at committees and sovereign Board meetings, there was now a reforecast deficit of £57 million. Achievement of this would still be challenging, as it had initially been forecast on the basis of no further industrial action. The impact of the subsequent industrial action was being calculated.

An update on planning had been submitted to Chief Executive Officers, the Control Total Delivery Group and the ICB Executive Team.

JDo asked JK to inform him of the level of confidence the system had in delivering the revised forecast outturn notwithstanding the latest industrial action. JK advised it was currently difficult to gauge this, as there had been some issues identified regarding International Financial Reporting Standard 16 but assured him that all necessary action was being taken to achieve this. A clearer sense of the position should be available once month 9 figures were finalised. JK also highlighted that an improved run rate within MSEFT was required and the tighter workforce/financial controls highlighted earlier in the meeting should assist in this regard.

JK advised that Chief Finance Officer meetings would probably be held weekly for the foreseeable future. Key messages were that there would be difficult decisions required at national/local level, but it was also understood that some Trusts were doing very well in relation to workforce planning and spend and further information in this regard was being sought to inform action across MSE, as well as comparing our financial plans/actions against NWLFT's financial 'playbook' to identify gaps to inform a refresh of MSE's medium and long term financial plans. SGra confirmed she would liaise with JK in this regard.

TD advised that Caroline Atkinson who was leading on the financial playbook would be attending the next ICB Board seminar and a similar forum at MSEFT.

JK provided a short presentation and update on planning. Final guidance was awaited, although preparatory work was ongoing within each organisation and 'triple lock' decision making would be ongoing throughout the planning period. The importance of responding to requests for financial or other information for planning purposes on a timely basis was highlighted.

A meeting with the national financial team was expected to take place in February hence the timeline was quite short. Julian Kelly, Chief Finance Officer at NHSE, wished to fully understand our key milestones for Quarter 1 2024/25. The system would ensure that activity was the cornerstone to ensure that performance could be achieved and the correct workforce was in place to deliver this. Triangulation of information and escalation of issues to the Chief Executive Officer (CEO) Forum would be ongoing.

JK highlighted organisations needed to be aware of the level of growth (£s) expected into the system and the convergence, being the level flowing back out, combined with the fact we need to start paying back the deficit, which would make 24/25 incredibly challenging.

TD confirmed that the CEO Forum had already been briefed on the financial position but highlighted that achieving financial balance would take a considerable amount of work in relation to commissioning decisions and efficient care pathways to remove barriers to care delivery. However, tough decisions were necessary and it would take at least 2 years, if not longer, to deliver. The joint appointment by the ICB and MSEFT of a Recovery Director would provide detailed oversight. However, organisations must ensure they 'owned' delivery.

MH noted that the establishment of Community Diagnostic Centres and other initiatives, including some at EPUT, should realise financial and other benefits once in place.

Outcome: The committee noted the Finance Report for Months 8 and 9.

8. Escalations (presented by G Wood)

It was agreed the following issues would be escalated to the Chief Executive Forum (CEF) and/or sovereign boards:

- Workforce and its interrelation with budgets.

Outcome: The committee agreed the above issues for escalation to CEF and/or sovereign Boards.

9. Any Other Business

There was no other business discussed.

10. Date of Next Meeting

Wednesday, 14 February 2024 – 1.00 pm to 3.00 pm via MS Teams.

Minutes of the Audit Committee Meeting

Held on 10 October 2023 at 1.00 pm

Via MS Teams and Face to Face at Phoenix Court

Attendees

Members

- George Wood (GW), Non-Executive Member, MSE ICB – Audit Committee Chair.
- Dr Geoffrey Ocen (GO), Associate Non-Executive Member, MSE ICB.
- Mark Harvey (MH), Southend City Council, Local Authority Representative.

Other attendees

- Nicola Adams (NA), Deputy Director of Governance and Risk, MSE ICB.
- Tendai Mhangagwa (TM), Deputy Director of Finance for Financial Services & Management, MSE ICB.
- Darren Mellis (DM), Senior Financial Control Manager, MSE ICB.
- Sara O'Connor (SOC), Head of Governance and Risk, MSE ICB (for Item 4).
- Jane King (JKi), Governance Lead (Minute Taker), MSE ICB.
- Maria Crowley (MC), Interim Director of Children, Mental Health and Neurodiversity, MSE ICB (for Item 5).
- Alfred Bandakpara-Taylor (AB-T), Deputy Director Adult Mental Health (for Item 5).
- Janette Joshi (JJ), Deputy Director System Purchase of Healthcare, MSE ICB (for Item 8 and Item 14).
- Jim Cook (JC), Deputy Director of EPRR and Operational Resilience, MSE ICB (for Item 9) MSE ICB.
- Iain Gear (IGe), Information Governance Manager, MSE ICB.
- Nathan Ackroyd (NAC), Senior Manager, KPMG LLP.
- Michael Townsend (MT), Managing Director, Barts Assurance (representing WMAS)
- Zoe Picken (ZP), Head of Internal Audit, WMAS
- Eleni Gill (EG), Lead Counter Fraud Manager, WMAS.

Apologies

- Jennifer Kearton (JKe), Director of Resources, MSE ICB.
- Emma Larcombe (EL), Director, KPMG LLP.

1. Welcome and Apologies

GW welcomed everyone to the meeting and extended a warm welcome to MH who had been appointed as the Local Authority Representative for the MSE ICB Audit Committee. Apologies were noted as listed above.

GW also extended welcome to MT and ZP who were representatives of Internal Audit, MT taking the interim post of Head of Internal Audit.

2. Declarations of Interest

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

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

There were no further declarations raised.

3. Minutes and Action Log

The minutes of the last meeting of the ICB Audit Committee on 8 August 2023 were received.

Outcome: The minutes of the meeting held on 8 August 2023 were approved as an accurate record.

The Committee reviewed the updated Action Log. It was noted that the two outstanding actions 43 and 44 were within timescales for completion.

In respect of action 43, GW suggested that a joint communication from GW and LA was sent to all staff once the new structure was in place requesting that staff ensure training was up to date in advance of the compliance update to Audit Committee in January, particularly clinical or safeguarding training.

In respect of action 44, following conversation with the Director of Community, Resilience, Mobilisation and Transformation NA would provide assurance that Braintree District Council owned the risks associated with Wethersfield as it is primarily an accommodation facility, not health. NA would circulate confirmation to the Committee after the meeting.

The Committee noted the following matters arising:

Annual Assurance Letters – The 2022/23 NHS England Annual Assurance Letters and Q2 Review, both of which provided a positive outcome, were usually presented to the Audit Committee first, however due to timescales had instead been presented to the Board on 28 September 2023.

4. Board Assurance Framework and Corporate Risk Register

SOC presented the latest iteration of the Board Assurance Framework (BAF) which had been submitted to Part I Board meeting on 28 September 2023. SOC advised that the Mental Health Services risk had been updated slightly since the Board meeting in preparation for the mental health risk deep dive for discussion under Item 5.

A copy of the Corporate Risk Register was also presented to the Committee. At the time of writing, 10 out of 52 risks had not yet been updated (as highlighted on the register). An

updated version of the register would be circulated to committee members once outstanding updates were received.

Work was underway to ensure that risks were allocated to the correct directorate following the publication of the new ICB organisational structure. It was anticipated that several risks would move to the Alliances.

The number of red risks had reduced from 14 to 13, amber risks had reduced from 34 to 33 and green risks had reduced from 8 to 6. The paper outlined 1 risk recommended for closure by the relevant leads. There were no concerns raised prior to the relevant committee being asked to formally approve its closure and it was noted that closed risks could be reopened at any time.

The Committee noted that the 3 operational All Age Continuing Care risks had been amalgamated into one overarching risk.

There were no questions.

ACTION: An updated Risk Register to be circulated to the Committee.

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

5. Risk Deep Dive – ‘Mental Health Risk’

GW welcomed AB-T and MC to the meeting and invited them to present a deep dive into the BAF Mental Health Quality Assurance risk to obtain assurance that there was a clear plan with metrics and milestones in place, understand the resources required and expected timing/resolution to mitigate the mental health risk.

MC and AB-T talked through the information presented on the BAF noting that the risk affected all-age services. Challenges included performance issues for talking therapies and Serious Mental Illness (SMI), wait times for treatment.

AB-T quoted key performance indicators for mental health risks, noting key issues relating to waiting times, access to autism assessment and treatment, ADHD assess and treatment and childrens agenda. AB-T provided assurance that interim arrangements were in place across MSE. There was a demand and capacity review underway, due December 2023, with a focus on adults and children and the future provision required locally.

GW asked for data behind the information presented on the Board Assurance Framework, e.g. backlog numbers, how many patients were being treated out of placement, what investment was required and asked for a pack to be shared outside the meeting, to enable the audit committee to pose any questions in between meetings. GW suggested that information by Alliance would enable directors to be able to work with respective local authorities on local needs.

ACTION: AB-T & MC to provide slide pack for the Committee providing the data behind the narrative outlined on the Board Assurance Framework for the Mental Health risk.

As well as challenges faced in mental health, MC commented that some areas were performing at optimal levels in terms of access and recovery e.g., Talking Therapies and data showed these areas were slightly above national standards.

Priorities were cited as suicide prevention and reduction, and neurodiversity.

GW noted the areas above [national standard] numbers, which was positive news, but reiterated the need for the ICB, in particular Alliances to understand performance and resources required.

MC provided further detail around neurodiversity, noting a focus on the best outcomes for children; involvement of experts by experience families were key to being successful in this area of work. MC noted that nationally, neurodiversity was a challenge.

GO agreed that data would be useful to scrutinise, particularly to understand workforce challenges and the equitable offers available.

Outcome: The Committee NOTED the deep dive presentation on the Mental Health Quality Assurance Risk.

6. Conflicts of Interest

NA presented the paper which provided an overview of the work undertaken to obtain declarations of interest and manage conflicts of interest.

All newly recruited staff were asked to complete a declaration of interest as part of the recruitment process. Where a declaration of interest was made, the individual's line manager was required to review the form and agree any mitigating action required to ensure that the interest was managed appropriately, in line with the ICB's policy.

The information on the forms was transferred onto a master spreadsheet maintained by the Governance Team which was used to produce registers of interest for Board and main Committee meetings. The information on the spreadsheet was also used as evidence for internal/external audit purposes.

All newly appointed Board members were also asked to complete declarations of interest. A copy of the latest version of the Board Register of Interests was provided to the Committee. The register would be submitted to each ICB Board meeting, uploaded to the ICB website, and updated as required.

Individuals from external organisations who sat on the ICB Committees had also been asked to complete declarations of interest so that their interests could be included on 'bespoke' registers for each committee meeting.

Outcome: The Committee NOTED the Conflicts of Interest update and the latest Board Register of Interests.

7. Sustainability

NA explained that Mid & South Essex NHS Foundation Trust (MSEFT) were leading on the Green Plan for the Integrated Care System and that a copy of the action plan would be brought to the next committee in January.

ACTION: To present to the January 2024 meeting, the Mid & South Essex NHS FT action plan of how the Integrated Care System was dealing with sustainability and implementing priorities outlined in the Green Plan.

GO enquired whether the ICB aligned sustainability with the local authorities. NA advised this would be considered and will be included in January update.

Outcome: The Committee NOTED the Sustainability Update.

8. Contract Governance

JJ presented the Register of Procurement Decisions taken, either for the procurement of a new service or any extension or material variation of a current contract. The Register detailed the 177 procurement decisions logged for Mid and South Essex Integrated Care Board between 21 July 2023 and 20 September 2023. A further report which detailed grant awards and other financial arrangements agreed with partner stakeholders was also presented to the Committee.

The ongoing programme of work in relation to contract governance would be closely aligned to the implementation of the new Provider Selection Regime (PSR). The Committee noted that robust governance would become more important and subject to greater scrutiny under PSR where transparency of decision making was a key component of the reforms. Contract governance documentation would need to be updated to align to the new Scheme of Reservation and Delegation (once approved by Board) and again when PSR was introduced.

GW queried whether there was an MSE Crisis Sanctuaries contract covering the south east Essex area and queried whether this was delivered separately. JJ agreed to confirm back to the Committee the crisis support provision in Southend.

ACTION: JJ to confirm to the Committee the crisis support provision in Southend.

GO asked what changes the introduction of PSR would bring. JJ explained PSR would offer more flexibility in selection of providers and greater integration. If an incumbent provider was doing a good job and demonstrating benefits of patient experience and value of money, it would not be necessary to test the market.

GO enquired to what extent were service users and residents involved in the process. JJ noted that social value would form part of decision making process going forward.

Outcome: The Committee NOTED the Contract Governance update.

9. Emergency Preparedness Resilience & Response

JC presented the Emergency Preparedness Resilience & Response (EPRR) report which provided an update on the EPRR activities undertaken since the last report was issued in August 2023.

As part of the Annual EPRR Assurance process, the ICB was responsible for monitoring each commissioned provider's compliance and was undertaking the annual review of the providers' self-assessments. Initial self-assessments had been shared with the NHS England (NHSE) regional team and the consolidated assurance report was on track for

submission to the NHSE regional team by the deadline of 10 November 2023. One provider was expected to come back as non-compliant. An action plan would be compiled and brought to audit committee.

An update on the action plan progress following the 'requires improvement' outcome of the EPRR internal audit was provided. It was noted that the remaining actions were either now complete or on track.

JC advised, on 18 September 2023, NHSE East of England Region declared an NHS Incident Level 3 in response to the British Medical Association (BMA) Industrial Action and wider regional pressures. The Region confirmed the position would be reviewed on 6 October 2023. JC confirmed the ICB and wider Integrated Care System had robust plans in preparation for the planned industrial action, and well tested arrangements were in place to manage escalations and disruption locally. JC advised that the impact of the recent industrial action on patient care was being collated.

JC advised that the implications of Reinforced Autoclaved Aerated Concrete (RAAC) on healthcare within MSE was minimal. GW enquired whether any premises used for clinical care were affected. JC confirmed there was one non-clinical building used by MSEFT and that a robust plan was in place to ensure mitigation of any risk.

COVID activity was being monitored daily via the System Coordination Centre (SCC).

An exercise was planned ahead of Winter 2023/24 to test the ICB Incident Response Plan to ensure it remains robust and fit for purpose.

GO asked for assurance around the planning and mitigation risks associated with the joint strike industrial action. JC advised that a system wide meeting takes place to agree system wide response. NHSE receive assurances and rag rates. During periods of industrial action, BMA rules must be adhered to, e.g., Christmas day staffing levels. There were significant impact on the Emergency Department, part of the debrief would consider what could be done to avoid in future.

GW enquired about the effect on planned caesareans and sought assurance that they were handled in a timely manner. JC agreed to feedback responses outside of the meeting.

ACTION: JC to feedback to Committee whether there were any maternity cancellations or incidents as a result of the joint industrial action.

Outcome: The Committee NOTED the EPRR update.

10. Information Governance

IGe presented the Information Governance (IG) report which provided an overview of the work undertaken towards the Data Security and Protection Toolkit (DSPT) submission following the 'Standards Not Met' submission for 2022/23.

The completed version of the action plan submitted alongside the DSPT submission to bring the ICB back to 'Standards Met' was sent to NHS England, and the ICB was moved back to 'Standards Met' on 4 August 2023.

Following the release of the Assertions & Evidence items for the 2023/24 DSPT on 18 September 2023, the IG team met to review changes and develop an action plan for the coming submission. Work was already underway on a number of assertions that link to the recommendations in the Audit action plan, including a system wide cyber security test.

One of the major changes to the 2023/24 DSPT was related to the achievement of 95% compliance in relation to the mandatory IG training, “Data Security Awareness – Level 1”, which has been updated to state “ensure that **all** staff have an appropriate understanding of information governance and cyber security”. A task and finish group of the Information Governance Steering Group (IGSG) members had been set up to review the ICB’s IG Training Needs Assessment to ensure the ICB’s training programme for the year meets the requirements of the amended assertion. The results would be taken to the next IGSG on 23 October 2023.

GW enquired whether the ICB could formally share the ICB’s IG plans with local authority partners. IGe confirmed there was a monthly ICS wide steering group, where these were shared that included the local authority.

Outcome: The Committee NOTED the Information Governance update.

11. Internal Audit

MT presented the Internal Audit Progress Report which provided an update on the ICB’s internal audit service and summarised issues relating to the delivery of Internal Audit at the ICB. A revised plan of “core” audit coverage for the financial year was proposed ahead of a new service provider being procured from 1 April 2024.

The Committee noted that on 13 September 2023, West Midlands Ambulance Service (WMAS) formally confirmed in writing to the ICB that they would be ceasing the internal audit service at the end of March 2024.

The revised plan would support assurance to the Audit Committee, meet NHSE requirements, and enable delivery of a sound annual Head of Internal Audit Opinion. WMAS provided assurance that they could resource the proposed coverage to the end of March, which will ensure continuity of service avoiding a mid-year change and enabling time for the ICB to reprocure a new service provider from 1 April 2024.

NA advised that the ICB wanted to ensure the HOIA would be delivered at the end of the year and the audit plan presented provided sufficient coverage. Work was underway on re-procurement of internal audit services.

NA advised she was liaising with WMAS to ensure that any underdeliver of days in previous years was refunded to the ICB.

GO asked whether WMAS had capacity to undertake audits. NA confirmed there was as the revised plan that enabled delivery within existing capacity.

GW and MT discussed the need for audit review of health inequalities and that it should form part of the audit plan within the new provider.

It was agreed to invite a deep dive into health inequalities risks at the audit committee in January 2024.

Outcome: The Committee APPROVED

- (i) the proposed revised internal audit coverage for 2023/24 designed to support delivery of a sound Head of Internal Audit Annual Opinion on the ICB's framework of internal control; and
- (ii) Endorse the proposal to re-procure a new internal audit provider from April 2024, following WMAS decision to cease offering this service.

Internal Audit Follow Up Position

MT presented the follow-up position noting that management actions were agreed by responsible owners at MSE ICB to address issues previously reported by internal audit are tracked in line with Public Sector Internal Audit Standards (PSIAS). Internal audit had worked with JK (MSE ICB Governance Lead) to obtain updates from responsible owners for all 'open' management actions. This had resulted in 14 management actions being closed following validation of evidence. This report summarises the follow up position as at the end of September 2023, with no management actions overdue, 14 to be implemented by the end of October 2023 and the remaining 20 due later in the year.

GW asked for assurance that there would be no overdue actions. JK concurred.

Outcome: The Committee NOTED the Internal Audit follow up position.

12. Counter Fraud

EG presented the Counter Fraud progress report, noting that since the last report 25 of the 50 planned proactive days had been delivered as well as 4 of the 5 planned reactive days. There had been 3 new investigations opened; all within primary care. EG held a discussion with the Committee Members regarding the investigations.

EG updated the committee on the work undertaken and noted that the functional standard return contained 9 green and 3 amber assessments with an overall green level of compliance. There was an expectation of improvement for the next submission.

Action: EG and GW to speak offline regarding investigations and assurance about lessons learned.

Outcome: The Committee NOTED the Counter Fraud progress report.

13. EXTERNAL AUDIT

It was noted that KPMG were successful in the tender for the External Audit Service and would continue to provide External Audit Services to the ICB.

GW welcomed colleagues from KPMG and sought their advice on lessons that could be learned from the previous year-end audit. NAc stated that the ICB audit went incredibly smoothly last year and that the coming audit would be less complex given there would be no predecessor organisations to audit.

TM added that preparations for month 6 and month 9 had commenced. GW noted his concerns last year regard multiple last-minute requests from finance and governance staff and welcomed assurance regarding the year-end timetable being presented at the next audit committee meeting.

Outcome: The Committee NOTED the verbal update from External Audit.

14. Waiver Report

JS presented the Waiver Report. There were 54 new waivers authorised during the period 21 July 2023 to 20 September 2023, a large percentage relate to primary care enhanced services.

It should be noted that £1.9m of the total relates to one provider and was part of the terms agreed within the settlement of the claim following legal challenge.

All waivers were reviewed by the Purchase of Healthcare Team and the ICB procurement partner (Attain) prior to requesting authorisation from the Director of Resources.

It should be noted that the high number of waivers for inclusion on this report was flagged previously and was due to progression of agreed courses of action pertaining to 2023/24 contracts, either as a result of commissioning papers approved to the Finance and Investment Committee or as a result of the Expiring Contracts Schedule as reported to the Executive team in March 2023. The organisational restructure might result in additional waivers over the coming months, and for 2024/25, if procurements do not go ahead as planned because this would be impacted by staff capacity post restructure.

NA noted that compared to last year there had been substantial improvement on volume and value of waivers. GW and GO congratulated the team.

Outcome: The Committee noted the waiver report.

15. Losses and special payments

There were no losses or special payments to report to the Committee.

16. Minutes of other ICB Committees

GW engaged the committee in discussion regarding the receipt of minutes from other committees and all agreed that it would be preferential to receive a cover paper highlighting the key discussion items and any next steps.

ACTION: In future, the minutes of other committees should be accompanied by a cover paper outlining the key discussion items and any next steps.

Outcome: The committee noted the minutes of other ICB Committees.

17. AOB

JKe presented the proposal for the management of conflicts of interest during the procurement of MSK Services planned in the coming months using a structured dialogue method with a number of providers and sought support of the approach by the audit committee. No questions were raised.

Outcome: The Committee SUPPORTED the approach to the management of conflicts of interest for the MSK procurement.

In addition, GW noted there was a review underway regarding quality reporting and understanding risks to patients that resulted from quality issues that Non-Executive Members were not aware of.

18. Items to Escalate

There were no items to escalate.

19. Date of Next Meeting

1.00pm – 3.00pm, Tuesday, 10 October 2023.

Meeting finished at 2.24pm

A Part II confidential session was held with Members only regarding the procurement of a new Internal Audit Services to commence from April 2024.

Part I ICB Board meeting, 21 March 2024

Agenda Number: 14.3

ICB Annual Report and Accounts

Summary Report

1. Purpose of Report

The ICB has a statutory duty to prepare and publish its Annual Report and Accounts in accordance with guidance issued by NHS England. The draft is due to be submitted to NHS England and the ICB External Auditors on 24 April 2024, with the final version to be submitted by 28 June 2024.

The purpose of this report is to seek delegation from the Board to the audit committee to approve the Annual Report and Accounts on behalf of the Board prior to submission to NHS England and the External Auditors.

Once submitted, the draft will be shared with the Board privately and the final accounts will be published in accordance with NHSE guidance.

2. Executive Lead

Emily Hough, Executive Director of Strategy and Corporate Services

3. Report Author

Nicola Adams, Associate Director of Corporate Services

4. Responsible Committees

The Board is responsible for approval of the Annual Report and Accounts.

The Audit Committee has responsibility for overarching governance and that described in the Annual Report.

The Finance & Investment Committee has responsibility for review of the ICB Annual Accounts.

5. Impact Assessments / Financial Implications / Engagement / Conflicts of Interest

Not applicable to this report.

6. Recommendation(s)

The Board is asked to formally delegate responsibility for approval of the ICB Annual Report and Accounts to the Audit Committee, having had assurance regarding the accounts from the Finance and Investment Committee.