



Meeting of Mid and South Essex Integrated Care Partnership

Wednesday, 11 December at 1.30 pm – 3.45 pm

Council Chambers, Civic Centre, Duke Street,
Chelmsford, Essex, CM1 1JE

Agenda

No	Time	Title	Action	Papers	Lead / Presenter	Page No
Opening Business						
1.	1.30 pm	Welcome & apologies	Note	-	Prof. Michael Thorne	-
2.	1.32 pm	Declarations of interest	Note	Verbal	Prof. Michael Thorne	-
3.	1.35 pm	Questions from the Public	Note	Verbal	Prof. Michael Thorne	-
4.	1.37 pm	Approval of minutes of the ICP meeting held on 11 September 2024 and matters arising	Approve	Attached	Prof. Michael Thorne	2 – 11
5.	1.40 pm	Review of Action Log <i>No Actions</i>	Note	Attached	Prof. Michael Thorne	Verbal
Partnership Working						
6.	1.45 pm	Healthy Starts (<i>Programme Update</i>)	Discuss	Attached	Clare Angell	12 – 26
7.	2.00 pm	Thurrock Alliance <i>Partnership Case Study</i>	Discuss	Attached	Aleksandra Mekan	27 – 67
8.	2.45 pm	ICP Ambitions (<i>Population Health Improvement Board</i>) <i>Healthies Programme Update as Appendix</i>	Discuss	Attached	Emma Timpson / Krishna Ramkhelawon	68 – 80 81 – 99
9.	3.25 pm	Core20PLUS5 Community Connectors	Discuss	Attached	Owen Richards / Sophia Morris	100 – 105
10.	3.50 pm	Closing Remarks	N/A	Verbal	Prof. Michael Thorne	-

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

Wednesday, 11 September at 1.30 pm – 3.45 pm

*Garden Room, Best Western the Thurrock Hotel, Ship Ln, Aveley,
Purfleet-on-Thames, Purfleet RM19 1YN*

Attendees

Members

- Professor Mike Thorne (MT), Chair of Mid and South Essex Integrated Care Partnership
- Cllr John Spence (JS), Essex Health & Wellbeing Board Chair & ICP Vice-Chair, Essex County Council
- Cllr Maxine Sadza (MS), Essex Health & Wellbeing Board Chair & ICP Vice-Chair, Southend City Council
- Tom Abell (TA), Chief Executive Officer, MSE ICB
- Emily Hough (EH), Executive Director of Strategy & Corporate Services, MSE ICB
- Nick Presmeg (NP), Director of Adult Social Care, Essex County Council
- Claire Hankey (CH), Director of Communications & Partnerships, MSE ICB
- Daniel Doherty (DD), Alliance Director, Mid Essex, MSE ICB
- Rebecca Jarvis (RJ), Alliance Director, Southeast Essex, MSE ICB
- Robert Parkinson (RP), Chair, Provide CIC
- Mark Heasman (MH), Group Chief Executive Officer, Provide CIC
- Lucy Wightman (LW), Chief Executive Officer and Chief Nurse, Provide Health
- Mark Bailham (MB), Non-Executive Member (NEM), MSE ICB
- Owen Richards (OR), Chief Executive Officer (CEO), Healthwatch Southend
- Krishna Ramkhelawon (KR), Director of Public Health, Southend City Council
- Pam Green (PG), Alliance Director Basildon and Brentwood, MSE ICB
- Steve Smith (SS), Chief Executive Officer, Havens Hospice
- Mark Harvey (MH), Director of Adult Social Services, Southend City Council
- Paul Dodson (PD), Director of Strategy and Resources, Maldon District Council
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB
- Grant Taylor (GT), Head of Culture and Health, Basildon Borough Council
- Cllr Jane Fleming (JF), Elected Member, Essex County Council
- Professor Victoria Joffe (VJ), Dean, University of Essex
- Mark Tebbs (MTe), Chief Executive, Thurrock CVS
- Jyoti Atri (JA), Interim Director of Public Health, Essex County Council
- Tonino Cook (TC), Executive Business Manager (Minutes), MSE ICB

Other attendees

- Lee Monk (LM), Relationship Manager, Active Essex
- Matt King (MK), Chief Executive, Trust Links
- Janis Gibson (JG), Chief Executive, Castle Point Association of Voluntary Services (CAVS)
- Ian Butt (IB), Director of Place and Communities, Castle Point Borough Council
- Michelle Clarly (MC), Alliance Delivery and Engagement Lead, MSE ICB
- Ru Watkins (RW), Chief Executive, Hamlin Trust
- David Barter (DB), Deputy Director of Commissioning, MSE ICB
- Nick Barker (NB), Joint Regional Chief Dental Officer – EoE, NHS England
- Clare Angell (CA), Deputy Director of BCYP, SEND and Specialised Commissioning, MSE ICB
- Emma Timpson (ET), Associate Director Prevention and Health Inequalities, MSE ICB
- Sue Lees (SL), Vice-Chair, NELFT
- Sophia Morris (SM), System Clinical Lead for Inequalities, MSE ICB
- Sara Goodward (SG), Assistant Director of Public Health, Thurrock Council
- Anna Bokobza (AB), Director of Strategy, EPUT
- Karla Parsons, Member of the Public
- Peter Blackman, Member of the Public

Apologies

- Cllr Mark Hooper (MH), Thurrock Health & Wellbeing Board Chair & ICP Vice-Chair, Thurrock Council
- Dr Brian Balmer (BB), Chief Executive Officer, Essex Local Medical Committee (LMC)
- Jennifer Kearton (JK), Chief Finance Officer, MSE ICB
- Nigel Beverly (NB), Chair, MSEFT
- Camille Cronin (CC), Director of Research and Professor of Nursing, University of Essex
- Sheila Salmon (SSa), Chair, Essex Partnership University Trust (EPUT)
- Professor Shahina Pardhan (SP), Associate NEM, MSE ICB
- Cllr Julie Gooding, Lead Member, Rochford District Council
- Peter Fairley (PF), Director of Integration and Partnerships, Essex County Council
- Dr Giles Thorpe (GT), Executive Chief Nurse, MSE ICB
- Eileen Taylor (ET), Chair, Northeast London NHS Foundation Trust (NELFT)
- Cllr Graham Butland, Leader of the Cabinet, Braintree District Council
- Sheila Murphy, Corporate Director for Children Services, Thurrock Council
- Professor Nigel Harrison, Vice Chancellor & Dean, Anglia Ruskin University
- Cllr John Mason, Leader of the Council, Rochford District Council
- Jonathan Stephenson, CEO, Rochford District Council
- Cllr Richard Siddall, Leader of the Council, Maldon District Council
- Michael Marks, Director of Children Services, Southend City Council

1. Welcome and Apologies

MT welcomed everyone to the meeting and reminded members of the public that this was a meeting held in public to enable transparent decision making, not a public meeting, and therefore members of the public would be unable to interact with the Partnership during discussions.

Apologies were noted as listed above.

2. Declarations of Interest

MT reminded members 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. MT noted that each member will have a conflict for their sovereign organisation.

No additional conflicts of interests were raised.

3. Questions from the Public

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

Peter Blackman queried what progress has been made since the last meeting on 13 March 2024 towards ensuring the VCFSE Community Assembly is re-engaged in discussing priorities and delivery plans for the health and wellbeing of the local communities throughout Mid & South Essex, including that of South Woodham Ferrers. CH noted that NHS Mid and South Essex Integrated Care Board and the integrated care partnership remain committed to engaging and working with our voluntary and community sector organisations and representatives. Much of this engagement happens through our four Alliances on the local geographical footprint to drive real engagement and delivery of services within our communities.

On a strategic basis the ICB and its partners, Alliances, local authorities continue to explore how we can work together to imbed insight from the sector in our programmes of work without duplicating effort or existing forums. Those discussions continue both through the ICB executive and with wider partners.

Karla Parsons noted that many attendees will represent organisations that have a Caldicott Guardian. Karla queried what steps do they take to alert staff and service users to the existence of their Caldicott Guardian and the Caldicott Principles, and could awareness be improved. TA explained that The Integrated Care Partnership will be unable to answer for all of its sovereign organisations, however, we understand the concern related to GP practices. With regards to GP practices in particular, as the ICBs IG Team also provide IG service to practices, they are currently providing advice and guidance to practices ensuring that their Caldicott Guardians are registered with NHS England and shown on the published register, however it remains the obligation of the practice to ensure their Caldicott is trained and aware of their responsibilities.

4. Minutes of Previous Meeting, 11 September 2024

MT referred to the draft minutes of the meeting held on 11 September 2024. No comments, questions, or amendments were raised.

Resolved: The Partnership APPROVED the minutes of the ICP meeting held on 11 September 2024, as an accurate record.

5. Review of Action log

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

Resolved: The Partnership NOTED the updates on the action log.

6. ICP Healthies – Programme Update

EH updated that a large amount of work had been undertaken across the system to progress work on the five Healthy Programmes (Healthy Start, Healthy Weight, Healthy Heart, Healthy Minds, and Healthy Housing). EH noted that work has been underway across the system for the five healthy areas, with an informal ICP Steering Group being utilised as the delivery.

A refresh of system governance has taken place, with four out of five programmes already having governance in place, however, this has been reviewed, strengthened, and enhanced.

EH highlighted the following key elements within each programme:

Healthy Starts

- Collaborative working is in place across Health and Care, with a focus on families with special needs and disabilities.
- Key programme is across Early Years Oral Health, including programme to handout toothbrushes across communities and schools, engaging with communities to support brighter smiles.

Healthy Weight

- Focus has been on education with schools for children, including working with early years settings to review & promote 'Healthier Menus'
- A significant amount of local delivery has taken place, and the programme is keen to maximise and build on local delivery across the patch.

Healthy Heart

- National targets are in place, with MSE currently slightly below national average for lipids, and Hypertensions treated to target. Work is underway to bring MSE to threshold performance targets.
- Focus on supporting people to access NHS health checks, with significant support in place across all partners (local authority, primary care, community pharmacists etc).

Healthy Housing

- Healthy Housing has not had significant involvement; however, a real interest is in place across all partners to move forward.

Healthy Minds

- All age strategy group is in place, chaired by member from Essex County Council. It is a large portfolio; however, four areas have been shared as priority: eating disorders, community accommodation, smoking cessation in inpatient mental health facilities, and access to Children and Adolescent Mental Health Services (CAMHS).
- Significant progress has been made on each of the programme areas, with two further areas identified on homelessness, and growing need of MSE population. Further work is required to define these areas.

EH updated that there are no specific risks to highlight to the Partnership, however, the usual risks exist with regards to capacity to deliver, and prioritisation of partnership work on top of partner's regulatory and compliance challenges.

PD noted that North East Essex Councils recently came together to complete a housing summit earlier in the year, and this may be a way forward for the Healthy Housing programme.

OR flagged the risk of A Better Start Southend which comes to an end March 2025, and the risk to the Healthy Starts programme. OR noted the need to ensure learning is applied from these programmes for sustainable service delivery.

Resolved: The Partnership NOTED the update for the Healthies Programme.

7. Alliance Update – South East Essex (SEE)

MT welcomed colleagues from South East Essex (SEE) alliance, noting that this update is part of regular alliance-level reporting to each ICP meeting.

RJ thanked the Partnership for an opportunity to showcase work underway across SEE, and noted the focus will be to highlight work across Canvey Island. RJ noted that she has been in the role of Alliance Director for six months, and significant work has taken place to deliver Alliance plans across the patch. RJ highlighted there was a clear need to define the role alliance plays in delivery across the ICP & ICS.

The SEE Alliance Plan aligned with the Healthies Programme under the theme of "Healthy Neighbourhoods." The plan emphasises four priority areas: Healthy Start, Healthy Minds, Healthy Living, and Healthy Ageing.

LM updated on work undertaken by Active Essex:

- New national government strategy for 'Get Active', with targets set for engaging 2.5 million more adults and 1 million more children and young people in physical activity.
- Work started with Sport England deploying its Place Partnership programme in 2017, focusing on innovative approaches in the sport and activity sector to tackle persistent inequalities and improve community health.
- The Place Partnership programme introduced Local Delivery Pilots which would test collaborative approaches in 12 initial locations, one of these initial locations was Basildon. There has now been an expansion to the programme which has seen a

further 100 new areas across the country, with Canvey Island and Thurrock being named as new pilot areas.

- Improving activity levels and mental health requires collective responsibility across sectors. The success of the current model involves co-owning challenges rather than attributing failures to individual organisations or partners, ensuring the system is jointly accountable.
- As a result, Active Essex feel jointly accountable, not just NHS or Local Authority. There has been a clear positive story with the integration of residents with cardiovascular disease (CVD) into the initiative. This has allowed the alliance understand barriers to health and create effective engagement strategies.

RJ noted the key to the success of the work undertaken by Active Essex has been the approach to not respond in a medicalised way, supporting people to live healthy lives in their own environments.

MK, from Trust Links, updated on the work undertaken by Trust Links across Canvey Island. MK highlighted the area's high deprivation levels, being one of the highest deprivation areas within Mid and South Essex. The island received £1 million nearly a decade ago to revitalize the space and deliver community-focused projects.

MK noted a 3-acre site on Canvey Island, originally a World War II defense site and later a skatepark, which had fallen into disrepair, known as 'The Gunny'. This site was subsequently developed into a community hub. The site now hosts youth activities, volunteer groups and various community events such as gardening and nature activities, to reduce social isolation, fostering social connections, and improving community outcomes.

The Gunny community project was supported by local authorities, the town council, Active Essex, and local companies and donors who all worked closely with Trust Links, a small local charity, to become an active part of the place partnership.

MK highlighted that the programme reinforced the prevention agenda, emphasising early interventions to reduce reliance on healthcare services.

JB, from Castle Point Association of Voluntary Services (CAVS), noted the formation of alliances and their critical role in achieving integrated working across the NHS and voluntary sectors.

Representing a non-profit organization with over 507 members, JB stressed the importance of partnerships in meeting growing community needs. CAVS supports 1,100 cases at any given time, with the help of 350+ volunteers. However, sustaining this level of support remains challenging due to high volunteer demand.

JB highlighted the benefits of social prescribing, which creates links between providers to address complex needs such as debt, oral health, and domestic violence. Furthermore, the importance of establishing local offices on Canvey Island to meet residents' preference for localised services.

Finally, IB, from Castle Point Borough Council, discussed opportunities emerging for Canvey Island and the need to align council policies to improve health and wellbeing.

IB noted positive transformation within the council over the past few years, recognised by a recent Local Government Association (LGA) peer review recognising strong partnership working.

As a result, the council have engaged in a plan across 2023-2043 to support partnership and place-based support across Castle Point borough. The plan is currently out to consultation; however, key proposed deliverables include:

- Creation of a local plan tailored to genuine community needs, informed by resident interviews.
- Development of an infrastructure programme focused on enhancing open spaces.
- Launch of the Thames Estuary Festival, using art to drive engagement with the health and wellbeing agenda.
- Implementation of a Safer Streets Programme to foster safety in the community.
- Advancement of a Long-Term Plan for Towns, with confirmation expected in the coming months.
- Addressing challenges facing local businesses, such as recruitment issues.
- Ensuring right decisions, are made with the right partners.

RJ concluded with an acknowledgement that there are significant financial constraints and increasing demand driven by poverty and local factors. As a result, the role of the VCSE (Voluntary, Community, and Social Enterprise) sector in understanding local needs and the interventions being implemented by schools, public health, and social care departments will be increasingly important.

In a response from a question from SG regarding neighbourhood size, RJ noted that neighbourhoods are approximately 50k population within towns and neighbourhoods, importance was stressed on neighbourhoods being able to respond to local populations, and even across Canvey Island there will be multiple communities which will require different support.

MT reflected on the words used by RJ at the start of the update, agreeing that the medical model does not work for prevention and resident engagement, and there has been clear success with the approaches detailed by SEE Alliance. MT thanked colleagues across the alliance for their work to support people engage with services, increasing social value.

Resolved: The Partnership NOTED the update of work across South East Essex Alliance.

8. Mid and South Essex Dental Programme

NB opened with an acknowledgement that NHS dentistry has faced systemic challenges, including inequitable access and inefficiencies across the country.

NB provided context and background of NHS Dentistry, up to delegation to ICBs:

- Initially a fee-per-item model, NHS dentistry transitioned to an activity-based contract in 2006.
- NHS Dentistry was originally delegated to Primary Care Trusts (PCTs) and subsequently to Integrated Care Boards (ICBs) in April 2023.

- Contract Reform in 2022 introduced minimum Unit of Dental Activity (UDA) rates and skill-mix utilisation (for example hygienists and dental therapists expanding their roles). The contract reform has been widely acknowledged as a first step in reforming NHS dental contracts, and not the only step.

DB updated that in total 117 dental providers (including community dental services, secondary care services and dental practices) were delegated to MSE ICB in April 2023. This provided a large opportunity to impact the health of residents across the area. As a result, a number of initiatives have been implemented since the ICB undertook delegation:

- **Dental Access Pilot:** Introduced extended hours across 11 providers, delivering over 16,500 appointments, including 2,000 for children and young people (CYP).
- **Technology Integration:** New software which links NHS 111 calls to direct booking systems, improving efficiency and data collection for commissioners.
- **Care Home Pilot:** Linked 11 practices to care homes (8,400 beds), improving oral health outcomes through domiciliary services, staff upskilling, and direct dentist involvement.
- **CYP Pilot:** 3-year pilot focused on school engagement and in-practice hygiene sessions to reduce dental anxiety, increasing access for children and families.
- **Trauma Dentist Service:** Operated during extended hours to address emergencies and reduce hospital referrals.
- **Referral Pathways:** Established links between cardiovascular and dental services to ensure preventative care.

As a result of the above initiatives, waiting times for Community Dental Services have been halved, showcasing service improvements. However, workforce shortages persist, particularly due to delays in overseas dentist qualifications. Advocacy for provisional licensing under mentorship is ongoing across national landscape.

MT thanked NB & DB for their presentation, noting that when dental services were originally delegated to ICBs there was significant concern, however, a clear positive impact has been made for residents in the system.

In response to a query from MT on the number of pilots undertaken across MSE, NB noted that MSE is at the forefront of dental pilots and innovative work across dentistry within the NHS. DB highlighted that learning from the pilots is being shared to other ICBs to support future development for other areas in the region.

A question was raised from MT on the current workforce across dentistry within MSE, and how MSE compares to others with additional roles in dental practices. DB noted that currently there are many misunderstandings across the national landscape with regards to Dental Care Professionals (DCPs). DP noted that recent guidance was issued that day from NHSE which allows Dental Care Professionals (DCPs) to administer medicines without prescriptions, supporting expanded roles in care delivery. MSE intends to build on this to address workforce shortages and retention challenges moving forward.

Resolved: The Partnership NOTED the report highlighting progress across Mid and South Essex Dental Services.

9. Health Inequalities Programme Update

ET noted that the update was provided in collaboration with public health colleagues from each upper-tier local authority.

ET updated that reducing Health Inequalities (HI), is at the heart of the ICS strategy, and is one of the key strategic ambitions identified. There is an aim to embed strategies that narrow the gap in health outcomes across the region. Significant focus is on integrating a holistic, partnership-based approach, which is starting to gain measurable traction across Mid and South Essex (MSE). ET provided updates on specific programmes currently underway across MSE:

- **Tobacco Dependency Support:** Collaborative efforts are underway to reduce smoking rates, particularly among vulnerable groups. A new tobacco dependency support service is set to launch across both acute and inpatient mental health services. Work is also progressing in maternity services to reduce smoking rates during pregnancy.
- **Vaccination Uptake:** Focused efforts on targeting increased vaccination rates, particularly among underserved populations. This includes 'Catch up' clinics for School Age Immunisation Service which intends to provide drop-in clinics in communities with low vaccination rates.
- **Cardiovascular Disease (CVD) Prevention:** Multiple schemes with a focus on hypertension management, raising awareness of blood pressure numbers, and promoting healthy lifestyle behaviours such as improved diet and physical activity.
- **Health Checks:** Significant uptake in health checks across the system which provides an opportunity to address physical concerns, but also has seen significant opportunity to address mental health within the community.
- **HWB Cafes:** Health and Wellbeing Cafes setup across West Basildon Primary Care Network which aim to provide a personalised, patient-centred approach by integrating services such as Citizens Advice, debt advice, and other partner-led support to address wider determinants of health. PCNs across the patch are looking to roll out similar outreach programmes.

ET noted that as with many of the programmes, there is a significant reliance on the ability for primary care colleagues to engage as the first contact for many residents. There is a continued focus to build end-to-end pathways for areas like weight management, involving wider system partners to ensure a preventative, integrated approach.

MT thanked colleagues across the Partnership for their involvement in tackling health inequalities across the system.

Resolved: The Partnership NOTED the report highlighting progress across Mid and South Essex Dental Services.

10. Anchor Charter 2024-27

EH updated that anchor institutions are those which are large organisations whose long-term sustainability is tied to the wellbeing of the populations that they serve. Mid and South Essex (MSE) has had an Anchor programme to consider how the system can best use assets and resources to influence the health and wellbeing of our local communities, beyond the services

directly commissioned, since 2020. An initial charter was established and signed in 2021, under the previous Health and Care Partnership (HCP).

There are five pillars across the charter:

- **Employment:** Supporting individuals in communities not only to enter careers but also to progress within them.
- **Procurement:** Prioritising local procurement wherever possible, with a focus on diverse local groups and social value.
- **Estates:** Utilising estates and assets flexibly to benefit and support community needs.
- **Environmental Sustainability:** Driving initiatives to reduce carbon emissions and address air pollution.
- **Leadership & Partnership:** Enhancing collaboration across organisations to achieve shared goals.

EH noted the intention to refresh the Anchor Charter for 2024, inviting all partner members to recommit to its principles. Where partners are not currently listed, they would be welcome to join.

EH expressed her thanks to Kevin Garrod who has undertaken significant engagement across all partners to date on the work.

Resolved: The Partnership APPROVED the revised Anchor Charter for Mid and South Essex.

11. Any other Business

No other business was raised.

12. Date of Next Meeting

Date: Wednesday, 11 December 2024

Time: 13:00 – 15:45

Venue: Chelmsford Civic Centre

BCYP & the Five Healthies

Integrated Care Partnership Board
December 2024



We are not just a commissioning team for health.....

The ICB Babies, Children and Young People team supports an expansive and ambitious portfolio across Mid and South Essex. Beyond the footprint delivery, we work in partnership with neighbouring ICB's, local authorities, system stakeholders to collectively realise consistent and high-quality outcomes for the population.

A key focus of our roles is to champion the rights of children and young people and deliver equity in prioritising the needs identified at a young age.

The portfolio of services includes Mental Health, Community and Acute physical health, Urgent & Emergency Care, Long-Term conditions, Neurodiversity, Specialised Commissioning and SEND.



R ready

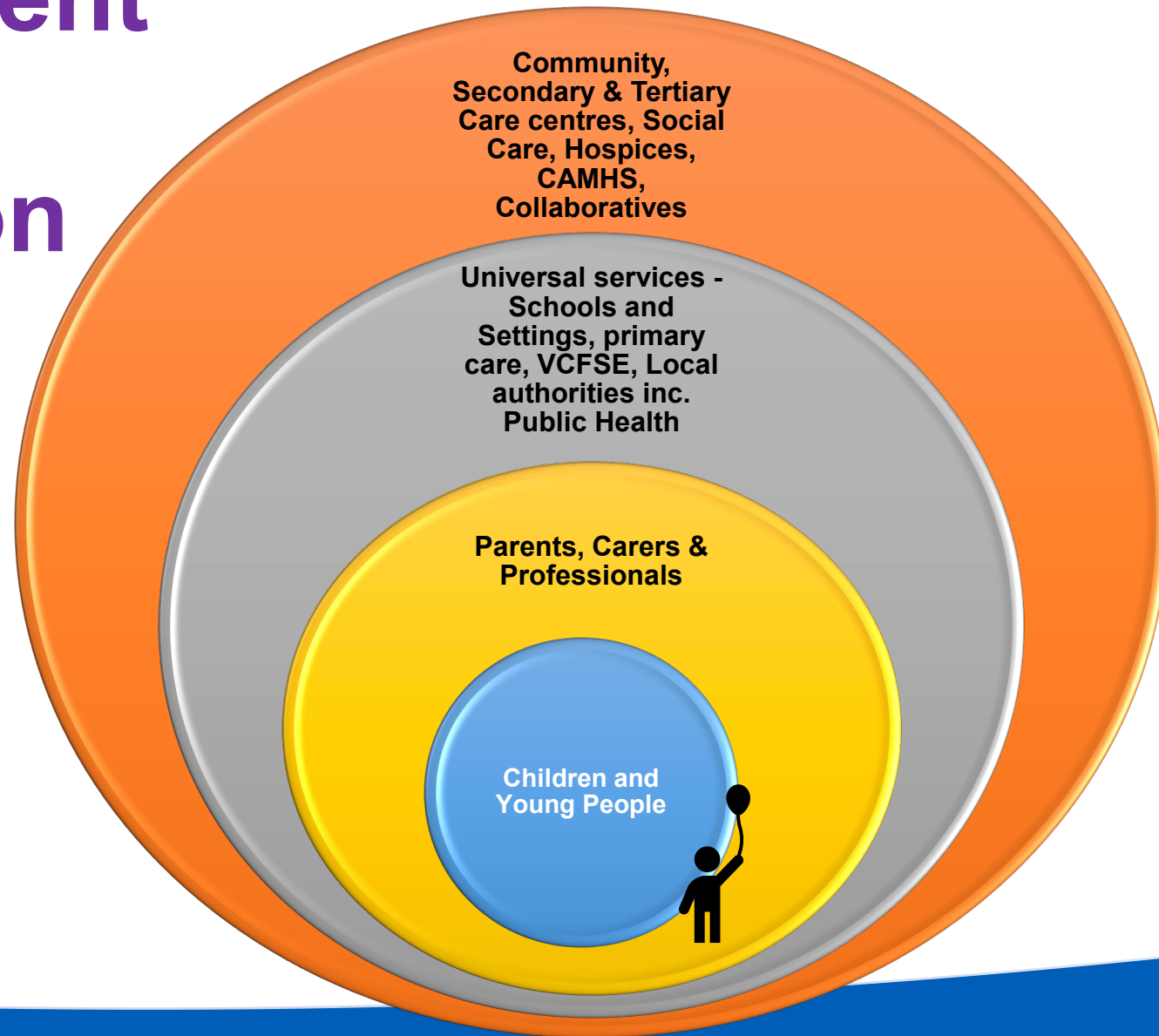
O organised

A ambitious

R relentless



Engagement and Co-production



Quote from Lord Darzi

The problems faced by all NHS patients are similarly encountered by children and young people. At the moment, too many are being let down. Childhood is precious because it is brief; too many children are spending too much of it waiting for care. It is apparent that the NHS must do better and that national policymaking on care for children and young people needs to be more joined up.

Lord Darzi, September 2024

Darzi Report

Children and young people are 24% of the population and account for 11% of NHS expenditure

Fewer children are getting the immunisations they need to protect their health

Rate of referrals for mental health for CYP has increased by 11.7% a year from 2016 to 2024 (compared to 3.3% for adults)

Surge in long-term conditions, and, particularly among CYP

29% of our children and young people live in poverty*

Long waits have become normalised

Between 2001 & 2018, there was a 250% increase in the prevalence of life-limiting and life-threatening conditions in CYP

Only 30% of NHS dental practices are accepting new child registrations



*Child Poverty Action Group pointed out that the UK had the largest rise in relative child poverty of any advanced nation between 2014 and 2021

Five priorities for a healthy MSE



Healthy Starts

- Developing a system-wide strategy to support those born and living in MSE to have the **best start in life** with access to education, housing and health



Healthy Weight

- System-wide approach to supporting people to **live healthy lives** through diet and physical activity, with support and treatment available where needed



Healthy Hearts

- Working together to support people living in MSE to have healthy hearts, including support for **adults living with a CVD as a Long Term Condition**, so that we have the best outcomes in the East of England



Healthy Minds

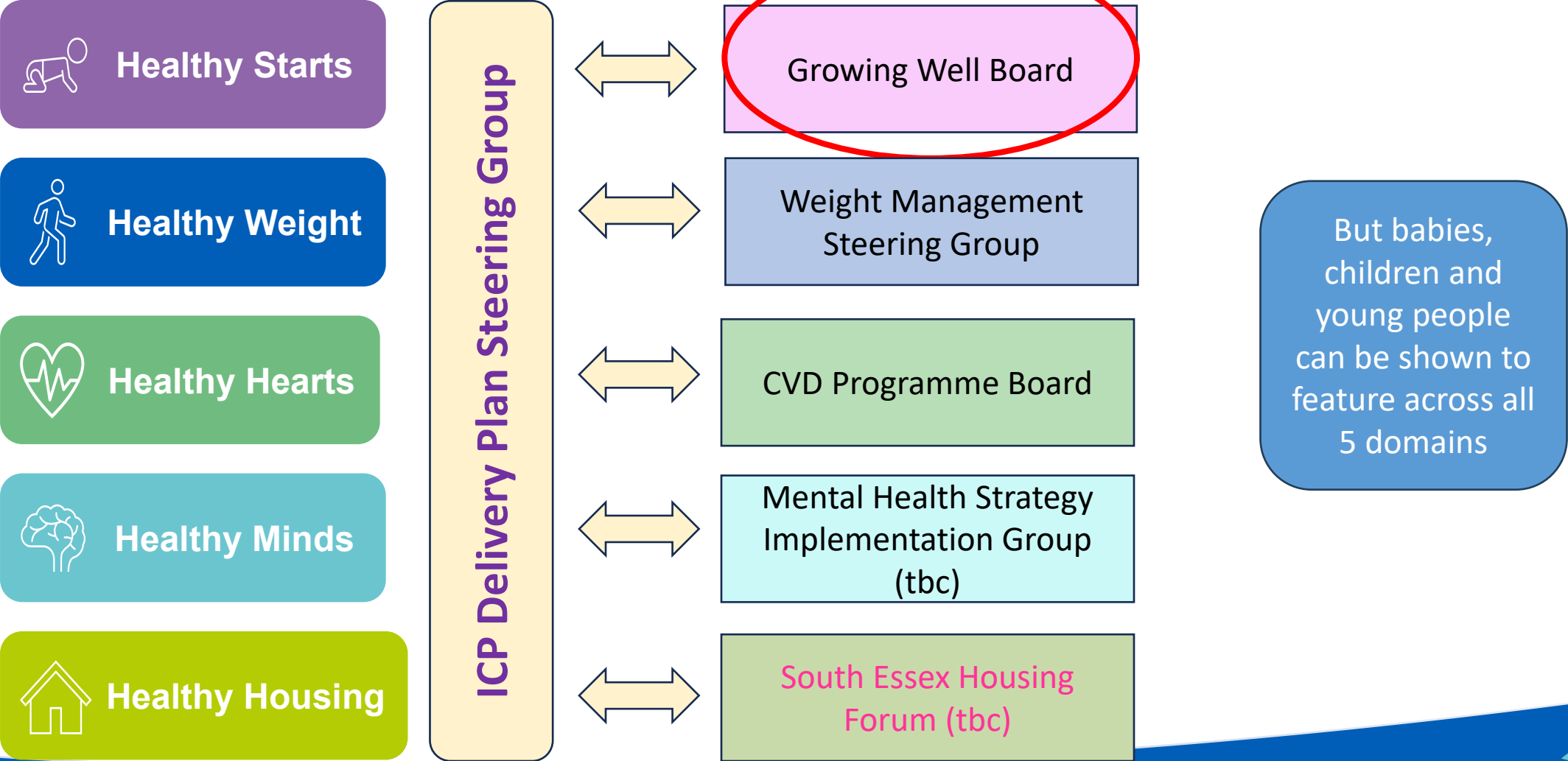
- System wide support for **people living with mental health conditions**, providing the right care at the right time, so they can live healthy, productive lives



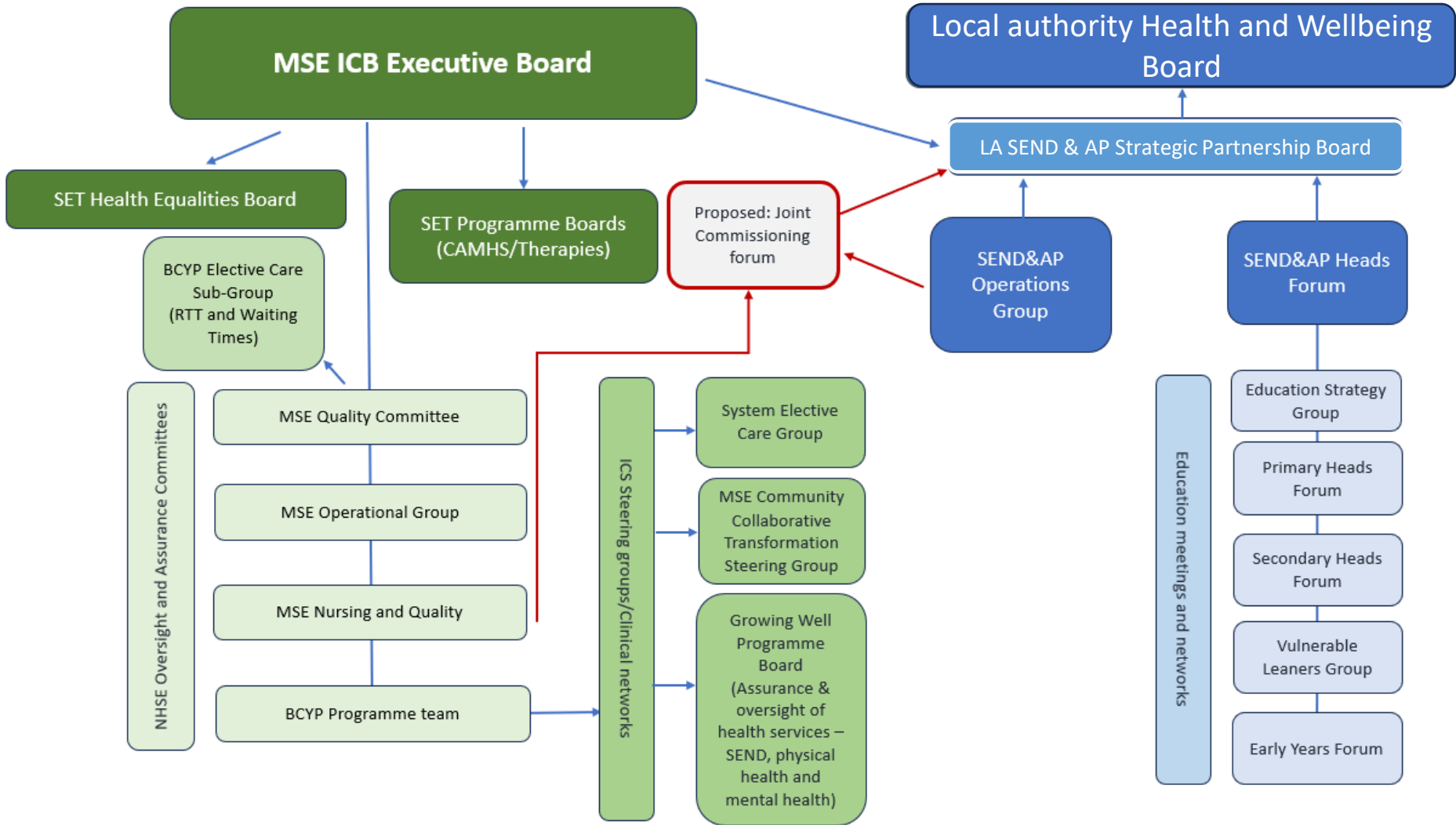
Healthy Housing

- Partnership working to understand and address housing and homelessness issues across MSE to help people **live healthy lives**

Governance & Oversight



Governance & Oversight



MSE ICB supports 3 SEND partnerships



Healthy Starts

Developing a system-wide strategy to support those born and living in MSE to have the **best start in life** with access to education, housing and health

Example
projects from
BCYP portfolio

SEND

- Pre and post diagnostic support
- Joint commissioning areas of focus

Oral Health

- Thurrock – Early Years Oral Health Pilot
- MSE wide interventions

Neurodiversity

- SET Therapies Workstream
- Neurodiversity pathways

Community Services

- My Care Bridge
- Initial Health Assessments
- Cow's Milk Protein Allergy

Long-Term Conditions

- Childhood Asthma Programme
- Epilepsy Programme
- Diabetes Programme

Acute Services

- Elective Care Recovery programme
- PEWs implementation
- Youth Workers in A&E

Healthy Weight

System-wide approach to supporting people to **live healthy lives** through diet and physical activity, with support and treatment available where needed

Local Authority
commissioned:

Tier 2 services for CYP

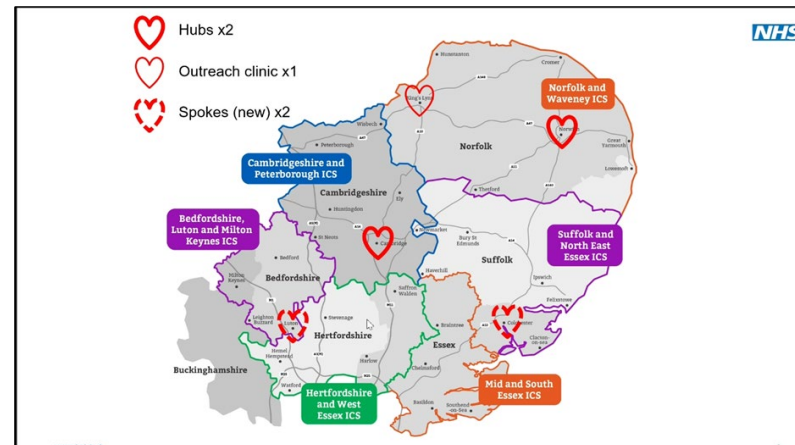


Southend: Health4Life

Thurrock: NELFT 0-19 Service

Mid Essex & BB: Child Lifestyle Service

Health Commissioned:
Hub and spoke
Complications through
Excessive Weight
clinics



Our Gaps



No locally health
commissioned weight
management service
between LA services
and CEW clinics

Healthy Hearts

Working together to support people living in MSE to have healthy hearts, including support for **adults living with a CVD as a Long Term Condition**, so that we have the best outcomes in the East of England

Diabetes

Epilepsy

Asthma



Good
management of
long-term
conditions /
health conditions



Healthier hearts
as adults / future
prevention

Healthy Minds

System wide support for **people living with mental health conditions**, providing the right care at the right time, so they can live healthy, productive lives

**CYP Counselling
Services across Mid
and South Essex**

Digital Offer

**Mental Health
Practitioners in
primary care**

**Mental Health
Support Teams**

- Implementation of wave 9
- Roll out of wave 11

SET CAMHS

**All Age
Mental Health
Strategy
implementation**


Example
projects from
BCYP portfolio



Healthy Housing

Partnership working to understand and address housing and homelessness issues across MSE to help people **live healthy lives**

**National Bundle of
Care for Asthma**



**Includes
deliverables around
healthy housing for
ICSs to deliver
against**

So, what



As an ICP Board member, what more can you and your organisation do to champion BCYP and Health Starts, specifically in relation to improvements in transition and SEND

How can system partners maximise our current resource to support CYP, protecting investment and improving efficiency?

Can you pledge to learn more about how CYP influence and are impacted by your strategic plans?



END

www.midandsouthessex.ics.nhs.uk

MSE Integrated Care Partnership Meeting

11th December 2024

Thurrock Alliance: Place based approach to delivery
and partnership working

Spotlight on
Housing, Homelessness &
CVD & Early Years Oral Health

Aleksandra Mekan, Alliance Director, MSE Integrated Care Board
Rob Persey, Executive Director Adults, Housing & Health, Thurrock Council
Margaret Allen, Deputy Alliance Director, MSE Integrated Care Board
Dawn Shepherd, Commissioning Manager Adults, Housing & Health, Thurrock Council
Dr Reg Rehal, MSE Integrated Care Board, Clinical Lead for Thurrock Alliance

Today's spotlight:

Housing and Homelessness

Cardiovascular Disease (CVD)

Early Years Oral Health



Thurrock Alliance

Place based approach to delivery

Aleksandra Mekan, Alliance Director MSE ICB

Rob Persey, Executive Director Thurrock Council

Summary of our strategy

Our shared vision

We want to work better together to create a place where people are active, confident and enjoy good health and wellbeing.

A Thurrock where people can see and feel a bright future for quality support and services when they need help.

Across the life course we are committed to



Starting Well



Living Well



Ageing Well

1. Prevention as a priority
2. Tackling health and wellbeing inequalities
3. The importance of 'Place' and delivery through our Local Area Coordination and Integrated Neighbourhood Teams
4. An evidence-based and community insight led approach
5. Co-production

Our current position in Thurrock

Below explains the population of Thurrock and highlights a number of key statistics.

Key health challenges that we face

- Our key health challenges are informed by our joint strategic needs assessment (JSNA) and supporting themed fact sheets.
- Social determinants and poverty set a pattern of poor lifestyle behaviours that compound poor health.

We must take a preventative approach to poor health and tackle the social determinants whilst supporting people to have positive behaviours

176,000 people live in Thurrock **11.6%** increase in a decade.



27.2% are aged 0-19



13.6% residents are aged 65 and over;
1.6% are aged 85 and over



2% are LGBT+



33.8% are not White British



7.1% are students



61.1% in employment



4,083 people provide over 50hrs unpaid care per week (2.5% of pop.)



6.1% are disabled under the Equality Act, with day-to-day activities limited a lot



There are **69,535** dwellings, with **10,000** council houses and **1,2000** sheltered and extra care homes.



Nearly **13% are** income deprived, with **21.2%** of children under 16 growing up in poverty



31% of households are considered overcrowded



7.6% are lone parent households with dependent children

Source Data : 2021 Census

Life expectancy in Thurrock

Following a 'bus route' in the unitary, demonstrates that communities that only live a few miles apart can have stark differences in life expectancy.

Average life expectancy at birth for men is 78.5

.....
Life expectancy is lower by 9.4 years for men living in the top 10% most deprived areas compared to those in the 10% of areas with least deprivation.



Average life expectancy at birth for women is 82.6

.....
Life expectancy is lower by 6.5 years for women living in the top 10% most deprived areas compared to those in the 10% of areas with least deprivation.

Healthy life expectancy (the average number of years a person would expect to live in good health) in Thurrock is 62.9 for men and 61.7 for women meaning that most people will start their retirement with some degree of poor health.

Source Data : Fingertips 2018-2020

Our approach

Through our services and policies, we can make the greatest impact within the partnership by focussing our efforts on improving outcomes within the wider determinants of health including; housing, air quality, community cohesion and social improvements in places and communities which we live.

Five key approaches will shape our strategic health and wellbeing ambitions:

- 1 - Prevention as a priority
- 2 -Tackling health and wellbeing inequalities
- 3 -The importance of 'place' and local assets
- 4 -An evidence-based and community insight led approach
- 5 -Co-production



Our performance framework

Ambition

Best start in life

% achieving good level of development at age 2-3

Access to best education & learning

Average attainment 8 score of all pupils
% of Special Educational Needs and Disabilities children electively home educated
Rate of permanent exclusions (per 100 pupils)

Opportunities to be fit, well and independent

% of adults currently smoke (Area Profile Search)
% Adults classified as overweight or obese
Adolescent self-reported wellbeing
~~Standardised rate of emergency admissions due to Chronic Obstructive Pulmonary Disease~~

Employment that keeps them and their families out of poverty

Gap in employment for those in touch with secondary mental health services

Good housing in places which are clean and green

~~Number of households owed a prevention duty under Homelessness Reduction Act~~

People feeling safe in their own homes and when out and about

~~Number of re-referrals to Multi Agency Risk Assessment Conference for children experiencing domestic abuse~~

Connected to their families and friends

% adult social care users with as much social contact as they like

The chance for a fresh start when things go wrong

Number of emergency hospital admissions for those with no fixed abode

Access to health and social care

% Cancer diagnosed at stage 1/2
% of people discharged from hospital to their usual place of residence
Rate of emergency department attendances for falls in those aged 65+
% eligible adults with Learning disability/Severe mental illness receive annual health check

To be accepted and valued simply for who they are

Metrics to be developed

Having a set of metrics which we can use to monitor our progress is really important in ensuring that we are moving forward and delivering the ambitions of BCTT Strategy.

The metrics outlined in this performance framework are being discussed by Thurrock Integrated Care Alliance as metrics we, as an Alliance, will be working together to improve health and wellbeing of Thurrock residents.

There will be many other detailed performance metrics that we will be monitoring as part of the delivery of this strategy but the performance frameworks outlines those metrics that are key priorities for us as a partnership and these will be reported to the Thurrock Integrated Care Alliance.

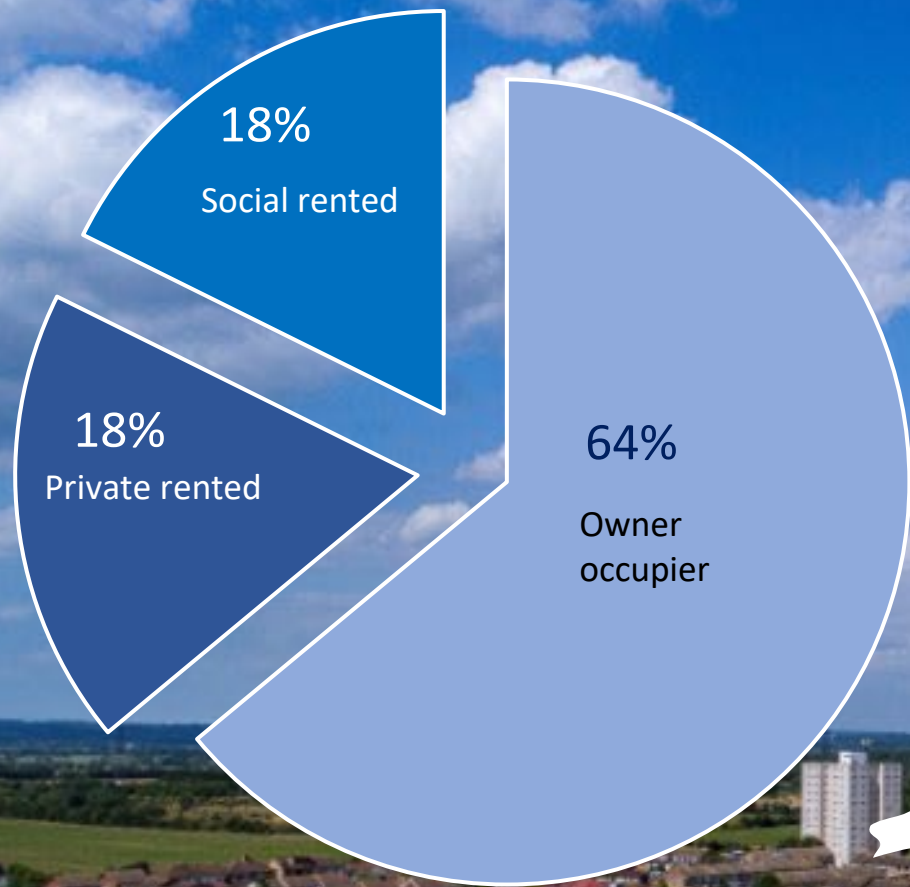
Working in partnership to improve homelessness and housing
across Thurrock

Dawn Shepherd, Commissioning Manager, Thurrock Council

Homelessness in Thurrock

ICP report December 2024



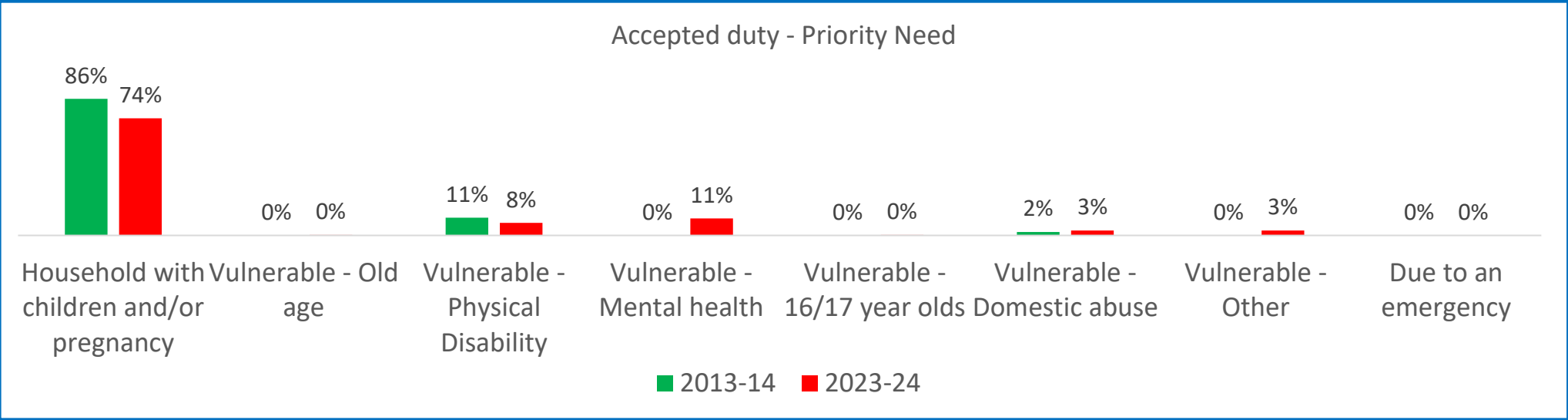
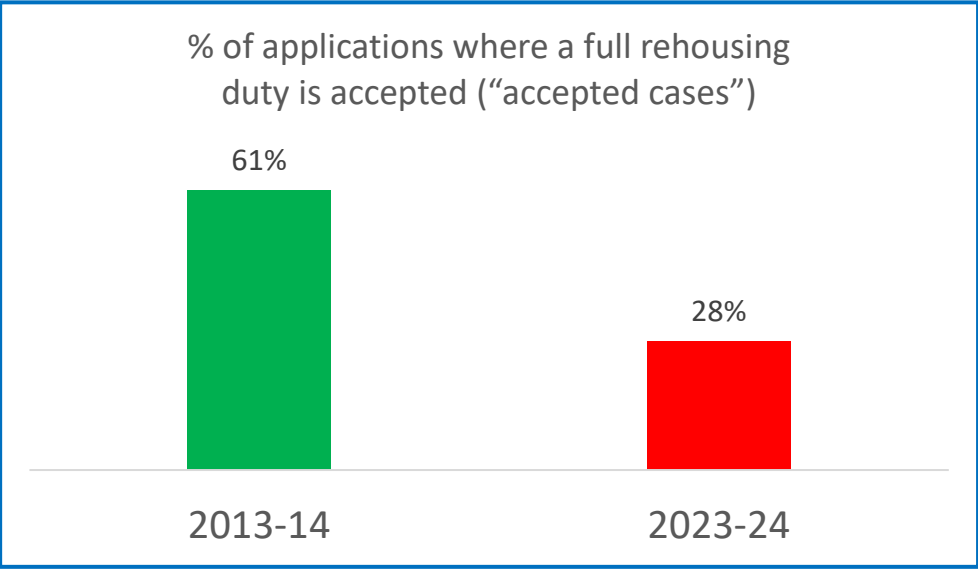
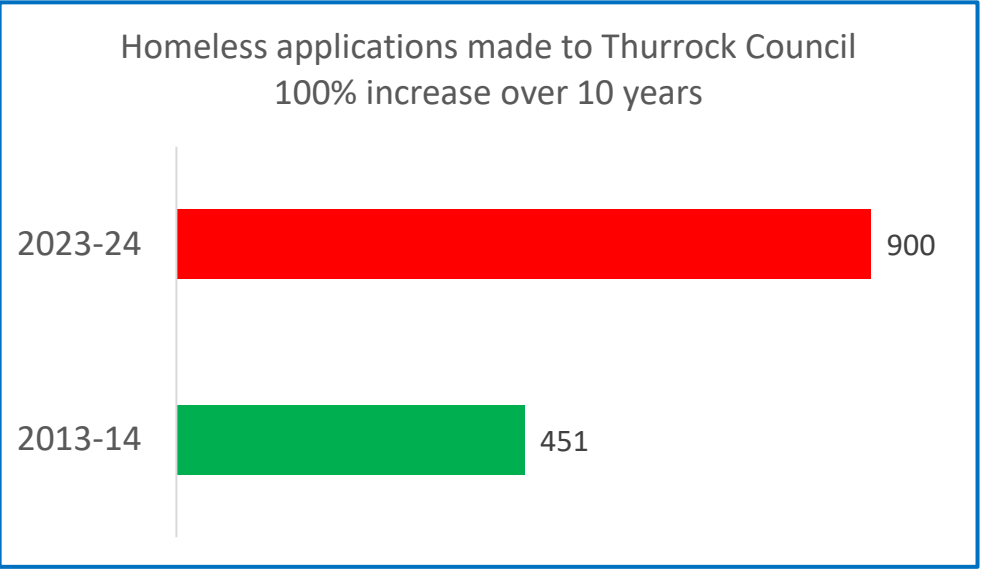


**No of Households
by tenure**

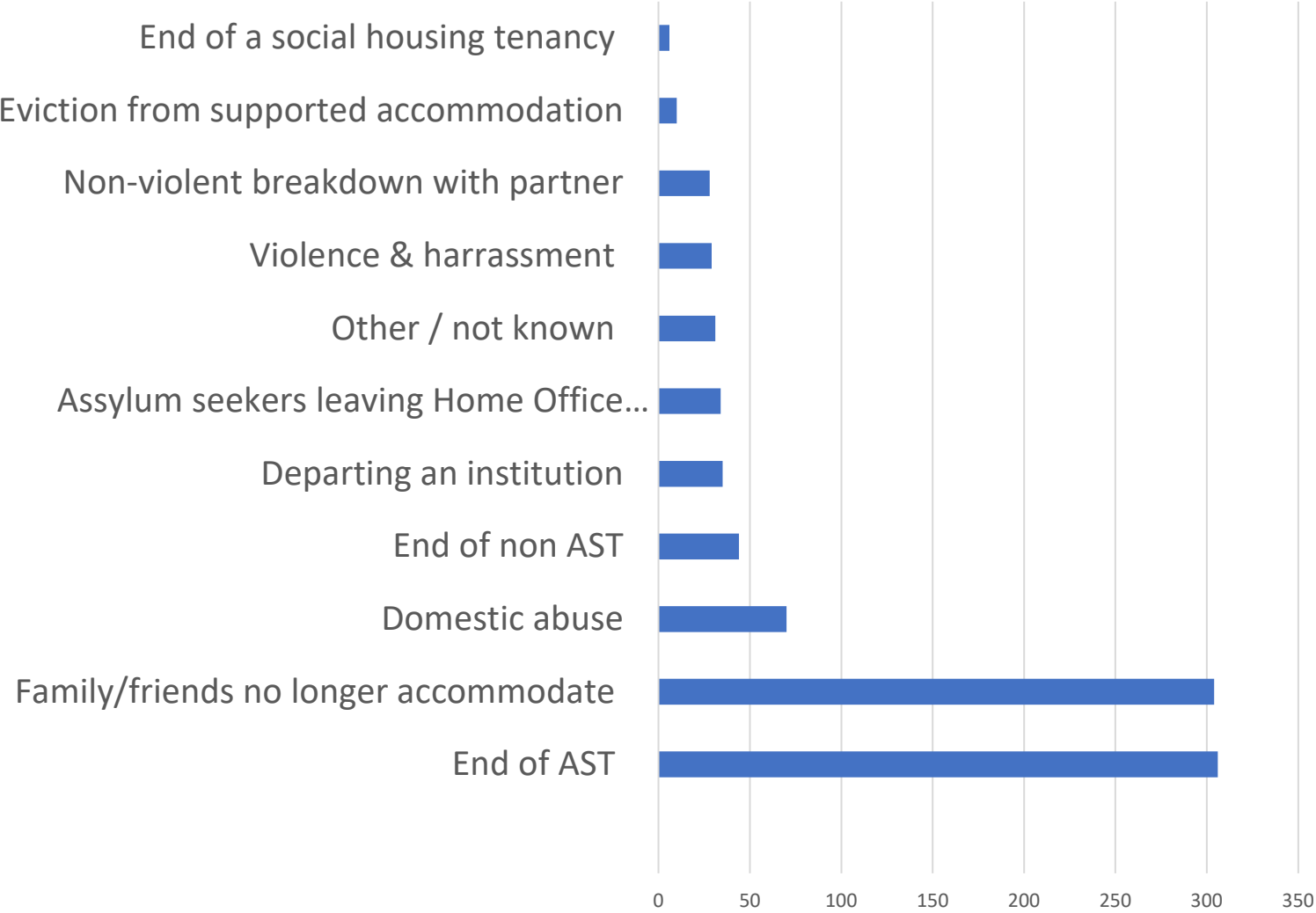
Setting the scene

- Population around 176,000
- Approximately 66,375 households
- Just under 10,000 Council owned properties
- Includes around 1200 sheltered properties

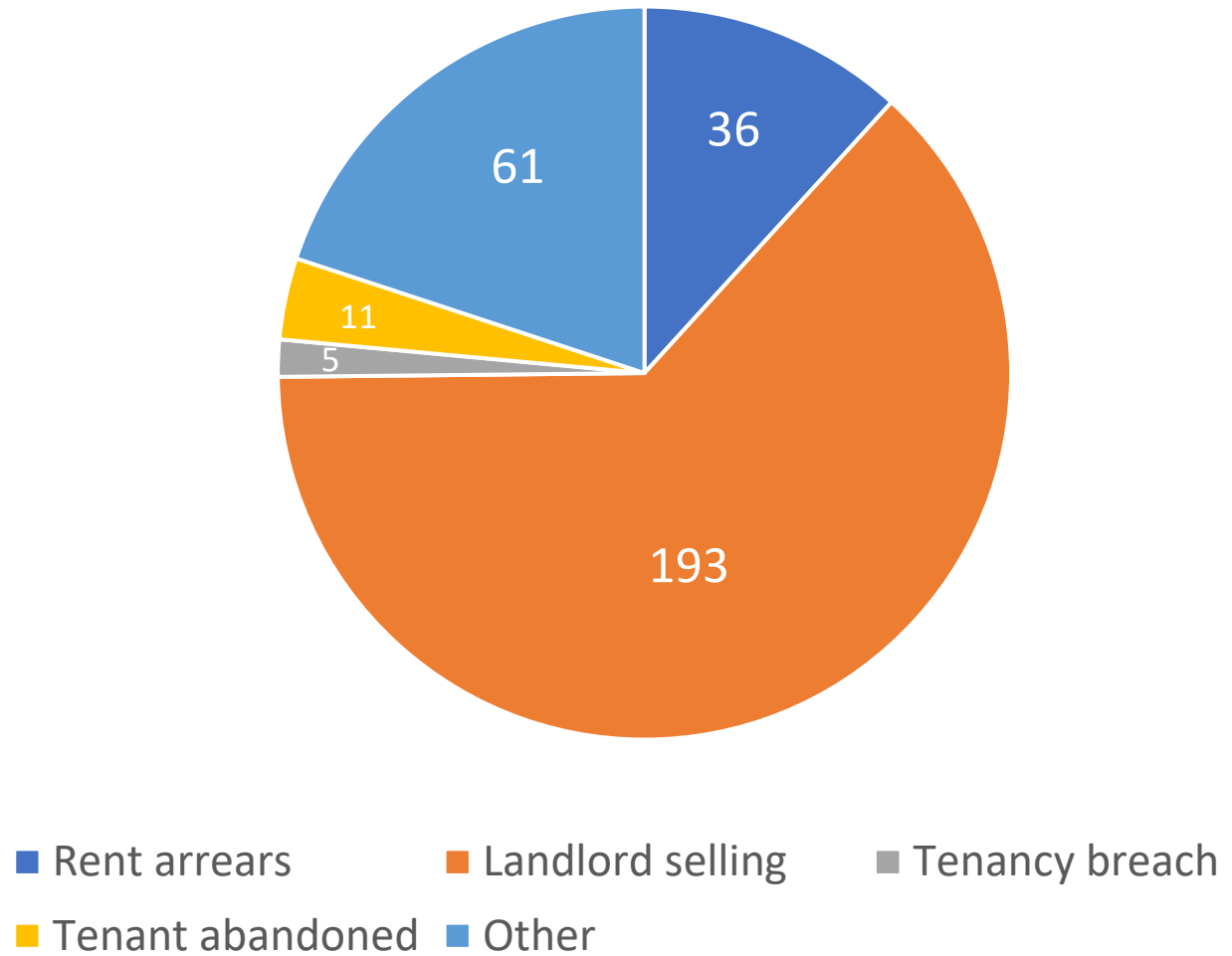
Homelessness past and present



Reasons for homeless application



Reasons for ending an AST



Number of households in temporary accommodation at 31 March 2024 - Total 443



Length of time spent in temporary accommodation at 31 March 2024 - total 443



Temporary Accommodation





Rough sleeper count undertaken in Autumn each year

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	Estimate	Estimate	Estimate	Count	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
2	8	6	3	10	7	4	9	9	8	5	2	7	6

Thurrock initiatives to prevent homelessness

Homeless prevention work undertaken by the Council's Homelessness team – duty under the Homelessness Reduction Act 2017 to prevent or relieve homelessness

Financial inclusion & welfare support officers

Multi-disciplinary panels to provide holistic support e.g., Hoarding panel, Pre-eviction panel

Negotiations with landlords and service providers and rent deposit schemes

Working with children's services around leaving care provision

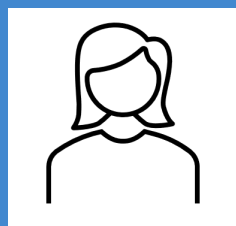
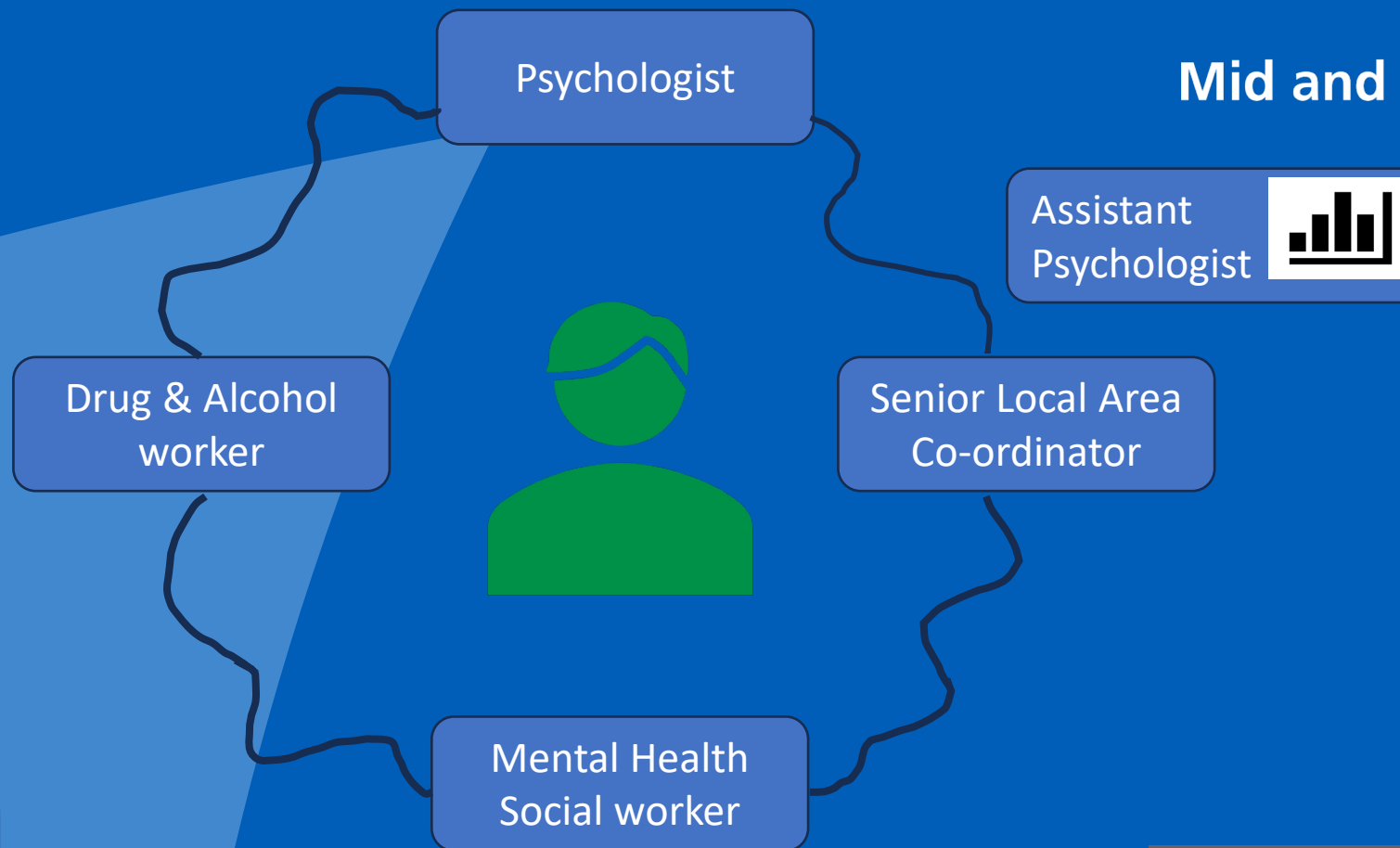
Joint ventures to provide semi-independent living for people moving on from supported accommodation

Prevention work through tenancy visits and outreach programs

Complex Housing Intervention Programme (CHIP) team



Mid and South Essex



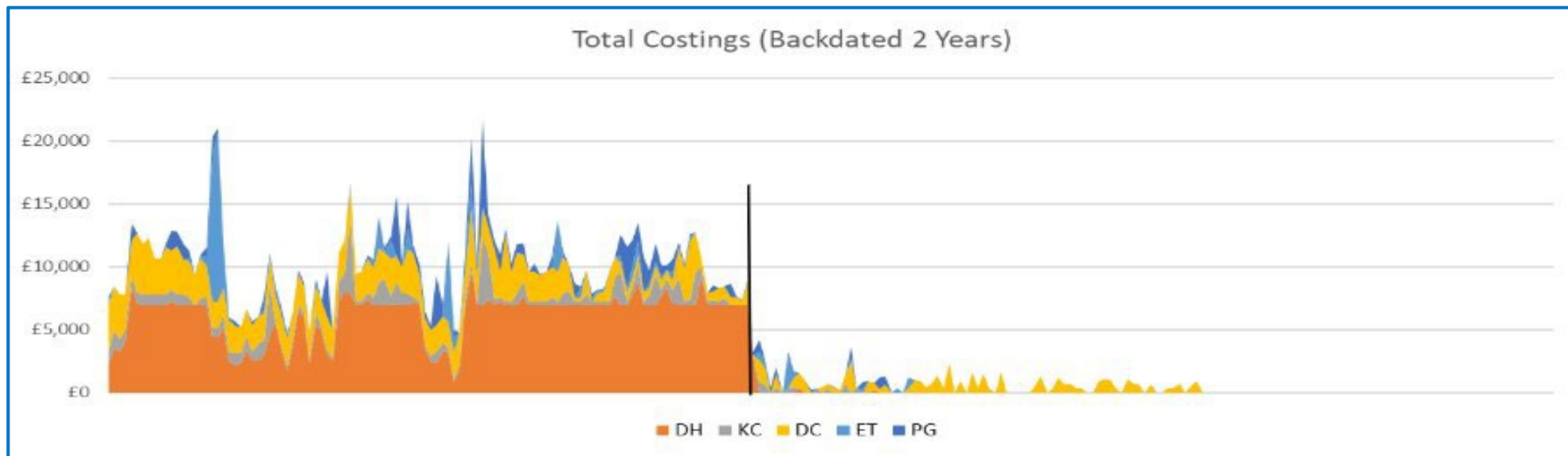
CHIP support worker (carers)



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- Started in September 2023 – one year pilot, now extended to three years
- Intensive work with social housing tenants at risk of losing their tenancy due to complex mental health needs, substance misuse and disengagement with services
- Savings across the whole system including health, criminal justice and social care



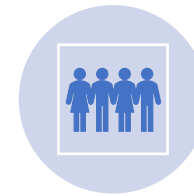
Housing First – 5 spaces



Part of the national Housing First programme - providing intensive support and housing for people with very complex needs



Homeless, and often rough sleeping and causing self-harm and alarm to the public through Antisocial Behaviour



Support workers employed through Sanctuary Housing



Thurrock Council funds the support workers



Social Housing provided first - before support begins



Enhanced Housing First – 5 spaces



For people who are homeless or in unsuitable supported accommodation with very complex mental health issues



Supported into a Council tenancy with intensive support from a mental health practitioner



Case load is small to enable intensive (often daily) interaction and hand holding



Case Study

- Client with complex mental health needs, in supported accommodation with 24-hour care – cost to Council = £122k year
- Moved into a Council self-contained flat - intensive support provided by Enhanced Housing First practitioner
- Care package reduced to only 6 hours per day
- Savings (with 20% cost of practitioner) = £56k per year
- Outcomes: quality of life and independence improved – e.g. now able to have a dog, family visit more frequently and looking for a volunteering role



Property & Wellbeing check ins

- An updated approach to tenancy audits - initially for people aged 70+ but then to be rolled out across all stock
- Getting to know tenants and their needs better – identifying concerns that they personally have – not a tick box exercise
- Checking on housing conditions and safety e.g. fire safety, damp & mould checks, need for adaptations or more suitable housing
- Carried out by trained staff with the right skills to identify and tease out any issues such as safeguarding concerns, self-neglect and hoarding
- Housing staff trained as trusted assessors to provide low level adaptations without an OT
- Linking in with local area co-ordinators and other social work teams
- Supporting tenancy sustainment

Supporting homeless prevention



- Identifying and tackling concerns early – before they escalate and make the property unsuitable
- Providing bespoke support through collaborative working – Housing, Health and Social Care
- Identifying downsizing options – freeing up larger family homes to help alleviate homelessness
- Preventing safeguarding situations such as cuckooing and coercion
- Preventing bed blocking because of unsuitable accommodation to meet the physical needs of older people e.g. stairs and upstairs bathrooms

Future Developments



- New models of supported accommodation including a multi-disciplinary team working around the person/family – possible use of blended and co-located roles
- Remodelling under-utilised accommodation e.g. undesirable sheltered housing schemes
- Reviewing housing strategy and housing allocations policy to determine priorities for social housing and housing development
- Reviewing funding streams to determine any possible reserves – prevention is cheaper

Call for action to ICP members

How can the Integrated Care Partnership enhance and accelerate delivery of integrated infrastructure and housing strategy that supports Thurrock neighbourhoods to improve outcomes for local residents and create efficiencies in how we work together across the system?



Thurrock Cardiovascular Disease

Dr Reg Rehal
Alliance Clinical Lead

Cardiovascular Disease Prevention in Thurrock

At risk Thurrock residents are both more likely to be diagnosed with hypertension, and provided with primary prevention measures, compared to the rest of MSE ICS.

Diagnosis of hypertension:

- 89% of those expected to have hypertension are on the hypertension register
 - With other MSE Alliances ranging from 78%-85%

Treatment of Cardiovascular Disease:

- Treating hypertension
 - National Hypertension Objective: 71% of patients with hypertension being treated (target 80% by March 2025)
 - With other MSE Alliances ranging from 59.5%-65.8%
 - HP001 Indicator on QOF: 69% of patients aged 79 or under with hypertension have had a blood pressure reading of 140/90 mmHg or less
 - With other MSE Alliances ranging from 58.6%-63.1%
 - HP008 Indicator on QOF: 81.5% of patients aged 80 or over with hypertension is 150/90 mmHg or less
 - With other MSE Alliances ranging from 67.9%-75.6%
- Primary prevention:
 - National Lipid Lowering Objective: 82% of patients aged 24-84 with a CVD risk score greater than 20% are on lipid lowering therapies (target 65% by March 2025)
 - With other MSE Alliances ranging from 74.2%-77.5%



Cardiovascular Disease Prevention in Thurrock - Actions

- ❖ Collaborative approach with local stakeholders (e.g. Public Health) to form relationships and help develop strategies for CVD screening.
- ❖ Multi-disciplinary approach to screening (e.g. community pharmacy involvement) for hypertension
- ❖ Local funding support for off-site NHS health checks
- ❖ Training and education at Time To Learn events
- ❖ Local promotion and campaigns for CVD awareness
- ❖ Local promotion and service provision of support around primary prevention (e.g. stop smoking services)



Thurrock Early Years Oral Health Programme

Margaret Allen
Deputy Alliance Director

Thurrock Early Years Oral Health Programme

Why Thurrock?

- Large and diverse young population (27.1% 0-19 years old)
- 1 in 5 under 16's (21.2%) in Thurrock are growing up in poverty, higher than the national rate
- In comparison to the rest of MSE Thurrock has:
 - Highest incidence of admissions for dental extractions in CYP
 - Lowest rates of dental access in 0-17yrs
 - Highest prevalence of dental decay in 5yrs olds, with highest prevalence seen in areas of highest deprivation

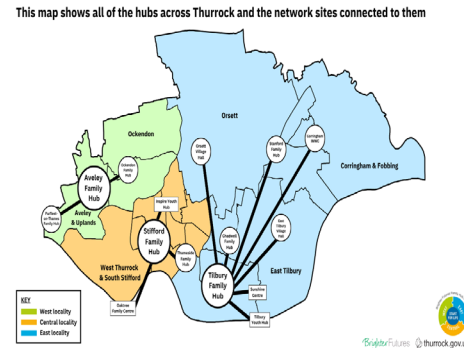
Programme Workstreams



1

Supervised Tooth Brushing (STB)

Development of
STB programmes
in areas of highest
deprivation



Family Hubs

Delivery of Oral
Health Education
Sessions via the
Thurrock Family
Hubs Network



Education & Training

Delivery of Oral Health
Training to volunteers
and other professionals
working with Children &
Families

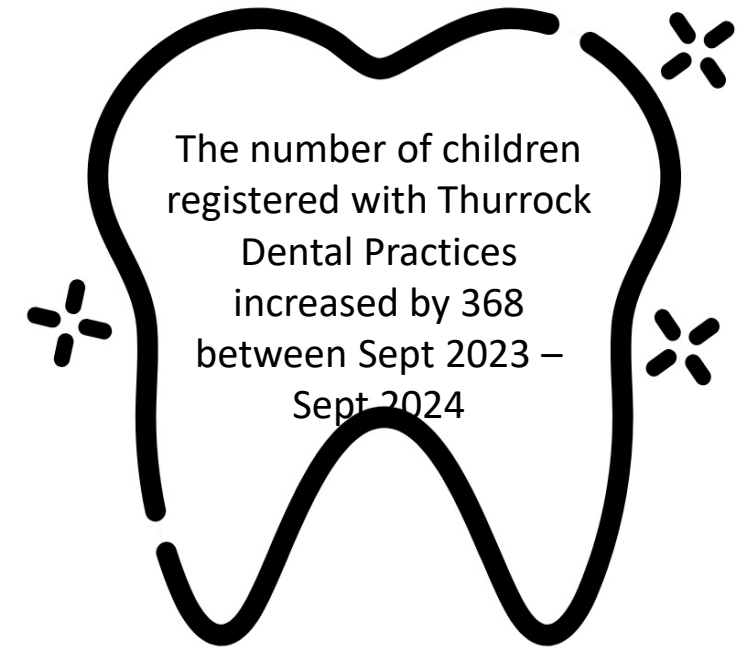


Community Outreach

Provision of
Toothbrush Packs
& Educational
Resources.

Outputs & Feedback

- **82** Program Events incorporating Oral Health Promotion
- **17 out of 20** Early Years Settings/schools initial STB onboarding
- **2062** Engaged (Parents & Carers, Children & Staff)
- **93** members of Early Years Workforce Trained
- **10,831** toothcare packages delivered
- **421** signposted to dental services



Thurrock Community Health Champion Team

'Engagement has been fairly easy as the team are great, they enthuse everyone they reach out to, and they have given us as champions, the help and support we needed to be confident in the delivery to the services and groups we work with. They are knowledgeable. And passionate about early years oral health. Which in turn makes it easy to deliver to these groups and communities in our PCN areas.'

'Chadwell Family Hub Staff Member'

Just wanted to let you know that I saw the mum & dad that were at the workshop last week who were having trouble brushing their little boys' teeth. Anyway, they looked up a Mickey Mouse Toothbrushing App as you suggested and have been able to clean his teeth every day since, so she asked me to pass on her thanks to you. She also checked the fluoride in the children's toothpaste she was using and there was not any, so she has bought a

Questions



Comments



Feedback



www.midandsouthessex.ics.nhs.uk

Appendicies



www.midandsouthessex.ics.nhs.uk

Our approach – prevention as a priority

National and local resources to support health and wellbeing are critically stretched because of high demand often due to lifestyle and environmental pressures on people of all ages. Preventing poor health and wellbeing is more important than ever.

Local data suggests that there is more we can do on prevention in Thurrock – supporting people to make good lifestyle choices, picking problems up earlier and creating local environmental conditions that support good health; thereby taking pressure off primary and acute services.

Generally, people want to be in control of their lives and not rely on services to put things right. We will support them by providing help in preventing health problems and enabling people to manage their lives in a way that can lead to a happy, healthier future. We are also committed to ensuring local communities are great places to live with a culture of wellbeing.

The Health and Wellbeing Board as well as Thurrock Integrated Care Alliance is well placed to support preventative interventions through; housing and environment, children's and adults, leisure and cultural services, highways and footways and community safety.

Our approach – Tackling health and wellbeing inequalities

We recognise that there are people in our communities who experience greater health and care challenges or are not always visible to the services that can support them.

Health inequalities are preventable, unfair, unfair and unjust differences in health between groups, populations, or individuals, populations, or individuals. These arise from unequal social, economic, and environmental conditions which in turn, can determine the risk of people getting ill, their ability to prevent sickness, or their chance to get treatment when health or care needs occur.

In short, inequalities mean that some people do not have the same chances to be healthy. The disproportionate impact of COVID further highlighted long-standing health inequalities on different groups and communities particularly highlighting ethnic inequalities.

We know from data and feedback where these inequalities occur locally and through this strategy, we will target those most in need or seldom heard. In everything that we do we will ensure that we collect the right data to understand where the inequalities are and target services to better meet those needs.

The Thurrock Integrated Care Alliance Delivery Plan describes how we will work with communities so that everyone has the chance to thrive and to access quality services providing excellent experiences and the best outcomes for all. The Better Care Together Thurrock Strategy adopts the principles of the Health Inequalities plan to enable us to achieve this aim.

Our approach – The importance of ‘place’ and local assets

We need to take very local action to address specific problems in some communities that prevent good health and wellbeing. To do this we need to work side by side with local people and community leaders. Our place model for Thurrock is based on the Local Area Coordination model supported by Integrated Neighborhood teams.

The model is reliant on all partners working together to identify local priorities, improve outcomes and reduce inequalities for residents and their communities.

The initial functions of the Thurrock Integrated Care Alliance (our Alliance Committee) are to:

- Represent the local areas and give the voice to residents translating strategy into local action
- empower residents to co-produce new services and solutions locally with partners
- contribute to system-wide priorities by utilising evidence-based information and local insight from frontline services and communities
- empower local leaders to take accountability for local action

Population Intervention Triangle

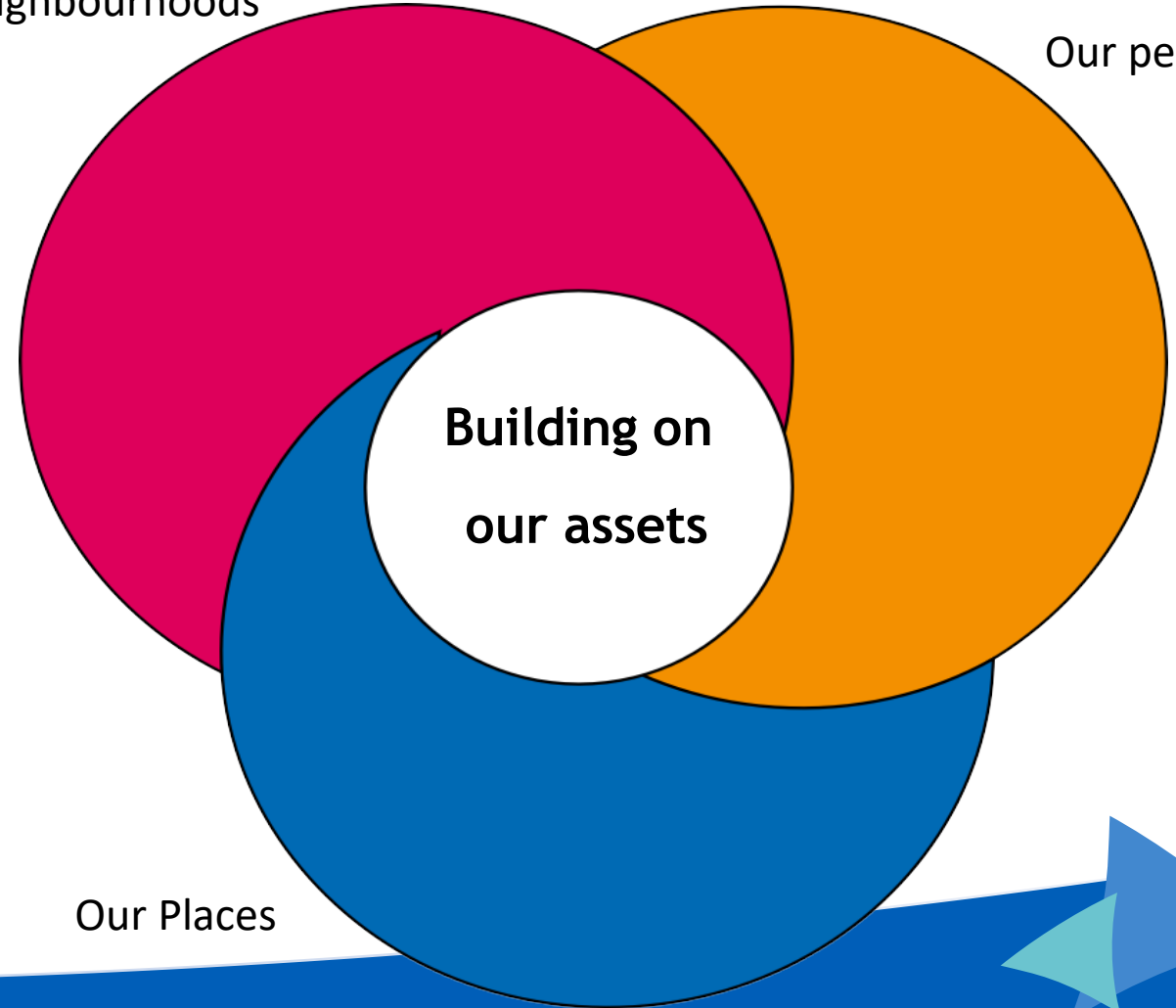


Our approach – The importance of ‘place’ and local assets

Our assets are made up of our neighbourhoods, people and infrastructure. Our neighbourhoods include places of worship, charities, voluntary and community sector organisations and playgrounds to name a few. Our people show the number of people living in Thurrock and the population of children, young people, over 65's and those providing unpaid care. Our infrastructure is our GP practices, libraries, schools and anchor institutions. These assets can create a positive impact on our local area through working in partnership and offering targeted opportunities.

Our neighbourhoods

Our people



Our Places

Our approach – An evidence- based and community insight led approach

- The Joint Strategic Needs Assessment (JSNA) is a summary of data related to health and wellbeing across Thurrock that provides a view of local health and wellbeing information alongside national data. This data informs our priorities and performance focus. We have used this valuable resource to shape our priorities, identify where we need to improve and allocate our resources.
- Enriching that knowledge, we have also taken on board insights from our local communities. These may be geographic communities a defined local area, for example an Integrated Neighborhood/Locality or Parish, or communities of interest. It can also be a cross-cutting community, for example young people across Thurrock. Insight from across our area has already been built into the development of this strategy and we will continue to work in this way to support its further development. We are particularly keen to build on our Better Care Together Strategy asset-based model of community engagement.
- The Thurrock Integrated Care Alliance values this insight from local people and has listened to a wide range of local voices including our community forums in developing this strategy. There were many common themes which have helped us to focus on what matters most locally. We will continue to listen to local voices as we roll out delivery plans and fine tune our priorities.

Our approach Co-production

Passion for the place, experience, assets, and skills are abundant in our local communities. This is often an untapped resource when designing and commissioning services locally. Our fantastic community and voluntary sector are a critical part of our co-production and are our secret weapon locally. Co-production is a way of working where service providers and service users work together to reach a shared outcome. This approach is value driven and built on the principle that those who are affected by a service are best placed to help design it. It contributes to a sense of shared identity and purpose locally. The 'Place' approach outlined above creates the right environment for this to work well; and local insight sets the context for the creative development of services designed together.



MSE Integrated Care Partnership, 11 December 2024

Agenda Number: 08

Population Health Improvement Ambitions

Summary Report

1. Purpose of Report

To provide the ICP Board with an update on work being undertaken by the Population Health Improvement Board to establish a set of shared ambitions for the mid and south Essex (MSE) integrated care system.

2. Executive Leads

Emily Hough, Executive Director, Strategy & Corporate Services, Mid and South Essex ICB

3. Report Author

Emma Timpson, Associate Director Health Inequalities and Prevention in collaboration with the Directors of Public Health from Essex County Council, Southend City Council and Thurrock Council.

4. Responsible Committees

Integrated Care Partnership

Population Health Improvement Board

5. Link to the ICP's Strategic Objectives

ICP Strategy Common Endeavour to Reduce Health Inequalities

6. Financial Implications

N/A

7. Details of patient or public engagement or consultation

This initial ambitions' framework was developed with input from across the ICP, including the ICP Steering Group.

Further engagement on specific priorities including the MSE Healthies is taking place within each workstream.

8. Conflicts of Interest

None identified.

9. Recommendations

The Integrated Care Partnership Board is asked to support the development of Ambitions' framework and consider the suggested additional MSE 'healthies' priorities of 'Healthy Living' and 'Healthy Work' and potential a third around 'Healthy ageing'.

Population Health Improvement Ambitions

1. Introduction

In March 2024 Mid and South Essex (MSE) Integrated Care Partnership (ICP) confirmed support for five priorities for a healthier MSE. These priorities were established for 2024/25 to support delivery against the ICP strategy. The Population Health Improvement Board (PHIB) has identified the need to set longer term ambitions to:

- Drive progress in population health outcomes
- Prioritise areas to drive improvement
- Provide clarity on the roles and responsibilities of local organisations
- Ensure best use of resources and support target investment
- Provide long term strategic commitment that challenges the system to think differently.

PHIB has taken a data driven approach that builds on the initial work undertaken to establish the MSE 'healthies'. This involved review of the Local Authority Joint Strategic Needs Assessments, trends data, Population Health Management (PHM) packs and deep dives including on Core20PLUS5 (the NHS framework for review of health inequalities). A summary can be found in Appendix 1 of the attached presentation.

The Ambitions Framework reflects the previous developed 'healthies' selection criteria with a focus on collective added value of system, above what individual organisations can deliver and not duplicating existing efforts. It has been aligned with the priorities and work of the Health and Wellbeing Boards within MSE.

2. Ambitions framework

The overarching ambitions that align with the ICP strategy are two fold:

- **Increase healthy life expectancy** by increasing the years of life that people live in good health
- **Reducing health inequalities**, the gap in life expectancy between our most and least deprived communities

It is proposed that specific quantifiable outcomes are set against the following ambitions:

- Provide best start to life
- Address lead risk factors
- Improve self care
- Reduce premature mortality
- Address wider determinants of health

The MSE 'healthies' is the collaborative delivery programme for these ambitions, alongside the work delivered at an individual organisations level within the MSE ICP.

It is recognised that the currently identified MSE healthy priorities will require multi-year delivery to deliver long term sustainable change.

A PHIB task and finish group lead by the Directors of Public Health identified further opportunities for collaborative working:

- **Healthy Living** *supporting individuals to self-care by improving health literacy that delivers increased uptake of vaccination, screening and immunisation programmes.*

Collaboratively working, across the ICB including Alliances and primary care, and with the local authority public health teams achieved improved uptake of the NHS over 40s health checks by 20% in the last 12 months. There is an opportunity to realise benefits from broadening the approach to other vaccination, screening and immunisation programmes, supported by a collective focus on health literacy. There already is strong partnership working around the smoking agenda through the Essex wide Tobacco Network.

- **Healthy work** *supporting individuals with learning disabilities or health conditions to return/remain in work or find and access work.*

The ICB received WorkWell capacity funding for 2024/25 to support mapping of existing services to inform the development of a system wide strategy. In addition, the launch of the Connect to work provides an opportunity for system working to support economically inactive adults living with disabilities and health conditions and with complex barriers to work. This could be worth up to £50 million to Greater Essex from April 2025 to March 2030.

- **Healthy ageing** *by promoting independence, delivering more proactive care to enable individuals to live longer at home through the adoption of a personalised care planning approach*

Healthy ageing is a collective MSE ICS priority but could either be considered as embedded throughout each 'healthy' dimension or could be run as a dedicated programme in its own right. However, there are other population cohorts such as those with learning disabilities that could also be considered in the same light.

3. Next steps and recommendations

The Integrated Care Partnership Board is asked to support the development of Ambitions' framework and consider the suggested additional MSE 'healthies' priorities of 'Healthy Living' and 'Healthy Work' and potential a third around 'Healthy ageing'.



Mid and South Essex
Integrated Care
System



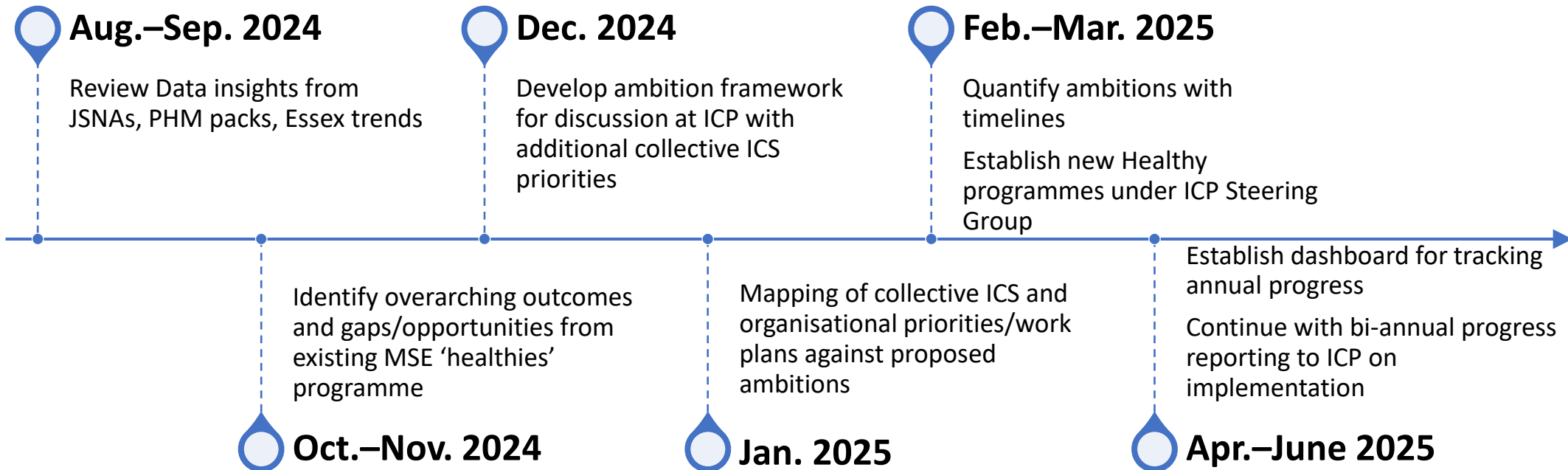
Mid and South Essex

PHIB Ambitions

ICP Meeting

11 December 2024

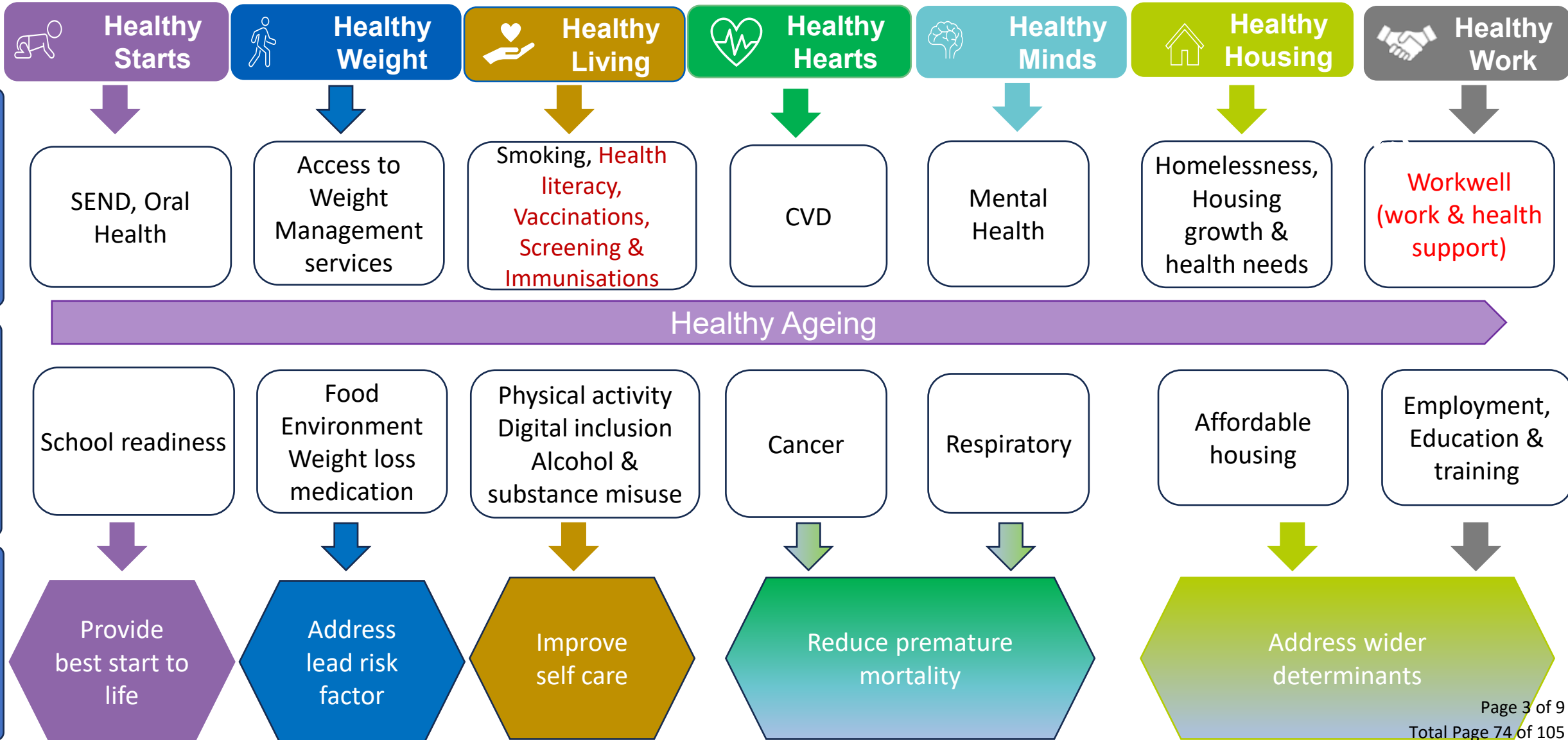
Progress in establishing Ambitions



Summary of MSE ICS ambitions (Option A)

Proposed new ICS programmes highlighted in red

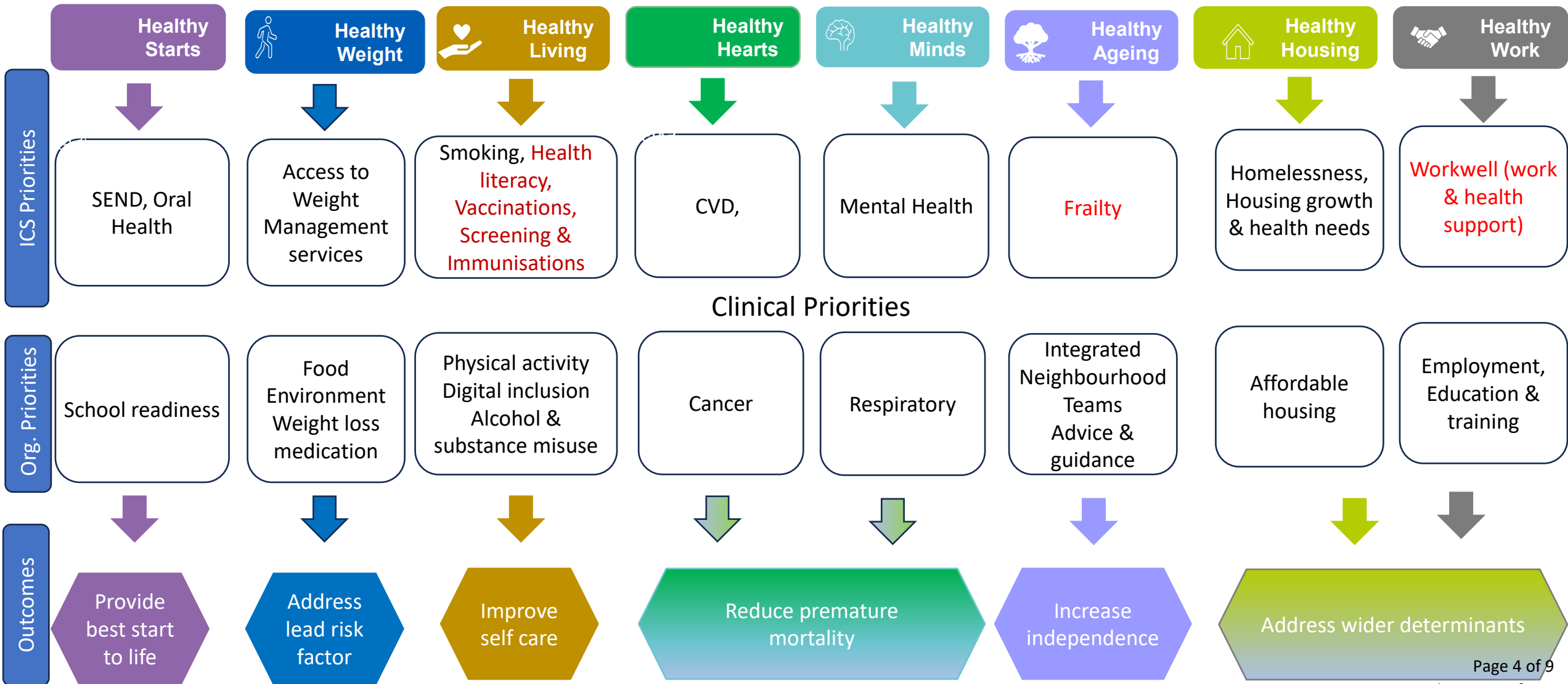
Improve healthy life expectancy and Reduce gap in health inequalities



Summary of MSE ICS ambitions (Option B)

Proposed new ICS programmes highlighted in red

Improve healthy life expectancy and Reduce gap in health inequalities





Mid and South Essex
Integrated Care
System



Mid and South Essex

Appendix 1

High level data insights

Understanding the needs of the local population

Health behaviours & lifestyles

- Smoking rates in Pregnancy are higher than England average particularly in Thurrock
- Obesity rates in adults are significantly worse than national average across Greater Essex, with high rates in children (Yr6) in Castle Point and Thurrock
- Rates of physically inactive adults are significantly higher in Southend and Thurrock

Demographics

- Fastest rate of population growth in Greater Essex is those aged over 65,
- Growing more ethnic diverse population (10.5% in 2011 to 17% in 2021), particularly in 25-40 age – expect to see a higher proportion of new births to ethnic mothers
- Proportion of children with SEND needs continues to increase



Understanding the needs of the local population

Wider determinants

- Over past 20 years, Greater Essex experienced lower levels of economic growth and has shortage of high-quality jobs which is likely to result in increased inequalities in income, wealth, education and skills
- Greater Essex has fewer skilled people, and lower levels of traineeships
- Local plans to increase housing stock by 1.4% per year till 2030
- Proportion of children eligible for free school meals is increasing and in Basildon, Thurrock and Southend, with rates higher than national average
- Declining economic mobility for millennials (born between 1981-2000), consequently likely to see declining living standards



Understanding the needs of the local population

Health needs

- Prevalence of inequalities (difference in life expectancy between most and least deprived areas within each district area); greatest in Thurrock, Southend, Basildon and Brentwood (relative affluent area)
- Preventable mortality in MSE driven by CVD, cancer and respiratory. With CVD below England average but with the gap closing, cancer mortality above national average.
- Liver disease preventable death has been steadily increasing since 2015-17 and
- Higher, increasing mortality rates for COPD, lung cancer, and heart attacks (acute MI) in deprived areas.
- Breast cancer screening coverage is significantly lower than England average. Bowel screening is lower in Southend and Thurrock.
- Health check uptake is higher than national average with exception of Southend
- Suicide rates are shown to be decreasing but there is significant delay in coroners reporting
- ICB has a lower rating compared to England average, positive experience of their GP and support provided from local services to help manage their condition(s)





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Mid and South Essex

Emma Timpson, Associate Director Health Inequalities and Prevention

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www.midandsouthessex.ics.nhs.uk



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Mid and South Essex

MSE ICP – ‘Healthies’ Update

December 2024

Introduction

- This pack provides a summary of progress and any escalations on the MSE ICP priorities for a Healthy MSE – the ‘Healthies’ – it is being provided for information as the focus going forward will be on a ‘deep dive’ for one of the Healthies at each ICP Board meeting.
- These updates have been reviewed and discussed by the ICP Steering Group, which agreed its Terms of Reference at the meeting on 20 November 2024.
- Any questions or comments on the contents of this pack can be sent to mseics.partnership@nhs.net who will help direct queries.





A reminder: selection criteria for priorities

- ICP priorities should meet the following criteria:
 - Adding value to the system, over and above what individual organisations can do
 - Cross boundary working, either due to scale or boundaries are artificial
 - Not duplicating existing efforts
 - Risk of not doing something is too great
 - Demonstrable outcomes associated with activity
 - Feasible delivery



Five priorities for a healthy MSE



Healthy Starts

- Developing a system-wide strategy to support those born and living in MSE to have the **best start in life** with access to education, housing and health



Healthy Weight

- System-wide approach to supporting people to **live healthy lives** through diet and physical activity, with support and treatment available where needed



Healthy Hearts

- Working together to support people living in MSE to have healthy hearts, including support for **adults living with a CVD as a Long Term Condition**, so that we have the best outcomes in the East of England



Healthy Minds

- System wide support for **people living with mental health conditions**, providing the right care at the right time, so they can live healthy, productive lives



Healthy Housing

- Partnership working to understand and address housing and homelessness issues across MSE to help people **live healthy lives**



Status	Amber	Reporting Date	November 2024
Lead	Giles Thorpe		
Governance	Growing Well Programme Board		
Priorities for 24/25	<ul style="list-style-type: none">Support for children and young people with Special Educational Needs and Disabilities (SEND)Improving Early Years Oral Health, including work to address rates of tooth extraction and childhood hospitalisation related to dental decay across MSE		
Metrics and impact	<p>SEND: There is particular focus on access to therapies, neurodevelopmental assessments and impact measurement of service improvements. More broadly and in line with Ofsted framework, metrics include but are not limited to:</p> <ul style="list-style-type: none">Ensuring the voices of Children and Young People (CYP) with SEND are captured and understood, that CYP with SEND have their needs met in a timely way and report positively on their experience of health services,Leaders being ambitious for Children and Young people with SEND, engage with children, young people and families, evaluate services and make improvements and create an environment for effective practice and multi-agency working to flourish <p>Oral Health:</p> <ul style="list-style-type: none">Ambition to improve CYP oral health, reduce child tooth decay rates, increase child NHS dental attendance, reduce rate of dental extractions under general anaesthetic due to tooth decay and reduce emergency admissions for tooth decay related causes.		
Public and partner engagement	<p>SEND:</p> <ul style="list-style-type: none">BCYP team attend regular public events to support local authority SEND programmesBCYP team met with our Young Person group (Traverse) to hear views and experiences of NHS pathways – a working group is to be establishedBCYP team is supporting a Traverse led stakeholder event to introduce YP to NHS providersBCYP representation at Public Corporate Parenting BoardsBCYP participation in 3 SEND partnerships and multiple SEND related working groupsParticipation in regional task and finish groups to review Neurodiversity opportunities and challengesActive role in Balanced System programme relating to Therapies with Commissioner and Provider services <p>Early Years Oral Health:</p> <ul style="list-style-type: none">There is now distribution of co-produced oral health literature throughout MSE Health and Social Care NetworksContinued Community Oral Health Promotion within Libraries, Early Years Settings, Schools & Colleges & Family HubsDevelopment of Oral Health Champion Packages – these are digital and physical packages of resources for Early Years Workforce/ Volunteers with updated oral health information.MSE COHI Steering Group in place – pan ICS representation. MSE Bright Smiles child oral health improvement plan refreshed and circulated.Gap analysis of oral health training need through surveying of early years workforce.Working with CDS and early years teams to increase uptake of oral health training.MSE Bright Smiles resources co-produced to allow for standardised information to increase oral health literacyThurrock Alliance Stakeholder Workshop (4th September) to focus on developing effective partnership working and exploring strategies for delivery.		



Key areas of Progress since last meeting

SEND

- Supporting the roll out of MyCareBridge – an excellent example of innovation for Mid and South Essex by way of a portal for ASD/ADHD assessments that can be accessed by schools, parents and health professionals
- Ofsted inspections seek evidence that local leaders understand the experience of CYP with SEND. One mechanism for achieving this is establishing a Joint **SEND** dashboard which displays demand for health services and how well education, health and care services are meeting need. MSE are leading the development of a joint Data dashboards for Essex and separately Southend and Thurrock. The first drafts have been well-received by local authority partners – Phase one is near completion
- External funding sought to support our parent carer forums across SET enabling us as an ICB to engage and learn more about the experiences of SEND families
- Southend 6 month review completed with Department for Education and NHSE – good progress against action plans was noted
- Interviews for Deputy Designated Clinical Officer planned for 28th November 2024
- Following recruitment to BCYP team, work has commenced to review the quality of information available to families on SEND local offer pages

ORAL HEALTH

- The Early Years Oral Health Team presented at regional NHS England ‘EoE Inspiring and Supporting Children and Young People for a Sustainable Healthy Future Conference.’
- Early Years Oral Health Improvement worker has now been recruited to support the Early Years Oral Health Team.
- 4th September Early Years Oral Health Stakeholder Workshop – invited Thurrock Stakeholders to engage with the programme objectives, progress and explore shared desired outcomes.
- Current Programme Outputs: 82 Program Events incorporating Oral Health Promotion, 2062 Engaged (Parents & Carers, Children & Staff), 100 members of Early Years Workforce Trained. 10, 831 toothcare packages delivered to system partners and via engagements. 421 signposted to dental services.
- Data shows an increase in the number of child patients seen in Thurrock in the 12 months to Sept 2024

Activities & Milestones	Owner	Start Date	Complete	RAG
			Date	
Share ToR with Southend and Thurrock for new joint commissioning forum . This would initially focus on SEND progress with a view to developing a framework.	Clare Angell	Aug 24	Sep 24	Complete
Share first draft of system SEND data set	Steve Gallagher	Jul 24	Sep 24	Complete
Significant political scrutiny around the ICB statutory function of commissioning health assessments for children who become Looked After. Children should be seen and assessed by a medical doctor within 20 working days. Data shows compliance of between 5 and 50%. The Community Collaborative are leading this project to look at alternative models. ICB expected to support the completion of a business case to executive board.T	Marie McEntee/Community Collaborative	May 24	Nov 24	
Review Self Evaluation Frameworks with Southend, Essex and Thurrock	Clare Angell/Gemma Stacey	Jul 24	Oct 24	Complete
Complete recruitment to BCYP team to bolster commissioning capacity	Clare Angell	Jul 24	Nov 24	
Dental CYP pilot going live with focus on increasing CYP dental access. Pilot will also widening scope of the dental team through delivery of community based oral health promotion in schools across MSE	David Barter/ Jackie Graham	Sept '24	Sept '27	
Supervised toothbrushing schemes implementation within Thurrock and Southend – Provider contract signed for Thurrock	Emily Lawrence/ Erin Brennan-Douglas	Oct '24	Oct '25	
Joint work with DPH to widening access for LAC.	David Barter/ Sophia Morris	Tbc	9-12 mths	



Risk (inc consequence)		Mitigation	Risk owner	RAG score
Lack of pace with key programmes due to capacity		Prioritised work programme across the whole team	Clare Angell	
Supervised toothbrushing schemes not implemented in Mid Alliance and Castle Point & Rochford due to financial constraints.		Alliance to consider funding opportunities	Dan Doherty/ Becky Jarvis/Sophia Morris	
Variability in scope of CYP oral health prevention activity - clearer articulation of NHS and each LA/Public Health roles in commissioning oral health promotion interventions would be beneficial for long term goal achievement.		MSE ICB has developed a positive foundation in cross system oral health prevention - further long-term investment planning in Essex & Thurrock for upstream prevention activity required to maintain in MSE's proactive position in progress	Clare Angell/Sophia Morris / DPHs/William Guy	
Capacity of BI to develop data dashboards to monitor progress could impact outcome of SEND inspections and ICB reputation		Dedicated BI support in place with Deputy Director of BCYP leading system meetings – risk to be removed for next update	Steve Gallagher	
Inter-dependencies	<ul style="list-style-type: none">• Neighbouring ICB data leads need to ensure system reporting is enabled to MSE ICB• Capacity of exec leads in partner trusts and local authorities to priorities the GWPB			
Escalations	None			



Status	Amber	Reporting Date	November 2024
Lead	Krishna Ramkhelawon		
Governance	Healthy Weight Steering Group		
Priorities for 24/25	2024-25 Plan 1. Children and Young People - Improve the school food environment 2. Adults - Improve access to LA commissioned Tier 2 Weight Management Services		
Metrics and impact	<ul style="list-style-type: none">Food environment measures to be developedInitial focus on T2 utilisation across Local authorities (Southend T2 delivery=542)		
Public and partner engagement	<ul style="list-style-type: none">Essex CC – Healthy Weight Strategy (2024) signed off by HWB Board - with public and wider consultationSouthend CC – Partner engagement with local priorities and will be shared with HWB Board in Sept 2024		
Key areas of Progress since last meeting	Southend <ul style="list-style-type: none">Diet & nutrition pathway 0-19 in Southend has been reviewed and developed on Livewell Southend, final sign off by end of the yearEarly Years Awards started in Nov for all settingsHealthy eating workshops continue to be delivered in those primary schools identified of higher risk of unhealthy weight according to latest NCMP dataFussy eating workshops delivered to Family Centres and schoolsDeveloping plan for auditing foods in schools with environmental health inspection schedule (joint visit)Tuck Inn pilot planned for one neighbourhood – ongoingBite Back- one secondary school recruited, started the programme in October – all years assembly was completedSocial marketing brief for barrier to access on tier 2; Procurement ending with UoE awarded this workWork progressing Food policy and CYP Neighbourhood approach to food environment – ongoingTier 2 – Secondary care referral draft pathway being completed with key Champion identifiedTier 2 – TC looking to complete procurement; SCC has new contract in place with flexibility to expand capacity as required Essex <ul style="list-style-type: none">Quality improvement work being undertaken with EWS, to increase and improve referrals to tier 2 WMS6 Essex secondary schools engaged in bite back in schools programme		



Activities & Milestones	Owner	Start Date	Complete Date	RAG
Work with Early Years settings and Primary schools to review & promote 'Healthier Menus'	EBD, SG, EF	Sept 24	March 25	
Strengthen the Healthy Schools programme	EBD, SG, EF	June 24	March 25	
Promote Bite Back scheme within secondary schools	EBD, SG, EF	Sept 24	June 25	
Explore TuckIN in Schools and 800m super-zones	EBD, SG	Sept 24	June 25	
Review T2 referral pathway to include direct referrals from Acute settings	SP, AP, EBD, SG, AC	Sept 24	May 25	
Set clear GP practice level targets based on current obesity prevalence with Dashboard reporting	ET, EBD, SG, PS, AC	June 24	March 25	
Increase promotion of incentives under current GMS LES and use primary care champions, include TTL	AP, EBD, SG, AC	July 24	March 25	
Use social marketing and develop a new promotional approach	SP/EBD, SG	May 24	March 25	



Risk (inc consequence)		Mitigation	Risk owner	RAG score
Contractual leverage with current Wellbeing service providers to increase T2 referral and management		PH Commissioners to agree relevant approach/ contract variation to enhance capacity	DsPH	
School willingness to engage with PH and bid for Bite Back scheme		Engagement with Headteachers (Southend); Thurrock; Essex	DsPH	
Planning guidance limitations for superzones		Engagement with Planning Team across the 3 LAs	EBD, SG, AC	
Inter-dependencies	Essex – T2 commissioning – current performance issues Southend – T2 service: agreed flexibility with capacity management Thurrock – T2 procurement under way			
Escalations	None currently			



Status	Amber	Reporting Date	November 2024
Lead	Emma Timpson / Rhiannon Vigor		
Governance	CVD Programme Board		
Priorities for 24/25	<ul style="list-style-type: none">• Bring Mid and South Essex Lipids treatment to threshold performance rates in line with the national average = 35%• Increase levels of treatment to target for hypertension in line with the national objective of 80% by March 2025• Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025		
Metrics and impact	<ul style="list-style-type: none">• Lipid management percentage of patients who have been treated to threshold 35.22% (Source: CVD PREVENT March 24)• Hypertension percentage treated to target in MSE at 65.89% compared with 80% target (Source: CVDPREVENT June 24)• Percentage of patients with and a GP recorded QRISK score of 20% or more, on lipid lowering therapy 59.95% (Source: CVDPREVENT June 24)		
Public and partner engagement	<ul style="list-style-type: none">• Public and partner engagement planned and being delivery currently of MSECC CVD pilot on BP guidance.• Public engagement scheduled for BP@home and• Public and Partner engaged for CVD Community Outreach Grant Scheme• Public engagement proposed for alliance level delivery i.e Canvey place based working		
Key areas of Progress since last meeting	<ul style="list-style-type: none">• Hypertension performance engagement started with all MSE practices, engaging them in their performance providing opportunities for peer to peer support.• CVD Community Outreach Grant Scheme launched and available to all MSE PCN aimed to support PCN with the delivery of targeted outreach to engage patients least engaged in primary care.• Expression of Interest put forward to Health Inequalities Investment group to support future CVD Prevention Programme.• MSE ICB engaging in regional work on CVD prevention through East of England New Care Models programme• MSE Task and Finish group established to review strategic options for CVD prevention action in 24/25		



Activities & Milestones	Owner	Start Date	Complete	RAG
			Date	
- Extension of Hypertension QOF to increase incentivisation of practices to treat to threshold approved and now being implemented	Emma Timpson	22/05/2024	31/03/2025	
- CVD LES targeted at practices in areas of high deprivation and for minority ethnic groups initiated	Emma Timpson	01/04/2024	31/03/2025	
- Extension of CVD ACTION with UCLP – subject to additional funding and capacity to deliver	Emma Timpson	TBC	TBC	
- Community Collaborative CVD programme launched, with support from NHS Providers, focused on increasing diagnosis and treatment through community service engagements	Lianne Jongepier	17/05/2024	TBC	
- Training, education and engagement with Primary care via Time to Learn on package of CVD schemes including 'Health and wellbeing days, utilisation of outreach van, BP@Home and Lipid management	Rhiannon Watson	01/07/2024	30/09/2024	



Risk (inc consequence)		Mitigation	Risk owner	RAG score
- Risk of duplication of effort across CVD programme		CVD Programme Board bringing together all health system partners to support coordination	Matt Sweeting	
- Lack of clarity in Community Collaborative programme		Community Collaborative working to scope options and ensure complementarity	Lianne Jongepier	
- Primary care capacity to support with competing priorities		Clear alignment with QOF and prioritisation via Alliance teams	Emma Timpson	
Inter-dependencies	Links between Hearts and Weight – both focused on supporting people to access NHS health checks and being a healthy weight has a positive impact on CVD outcomes			
Escalations	None			



Status	Amber	Reporting Date	November 2024
Lead	Zephan Trent		
Governance	Southend, Essex and Thurrock (SET) all age mental health strategy implementation group (SIG)		
Priorities for 24/25	<ol style="list-style-type: none">1. Eating disorders (ED) – full roll out of a fully staffed adult community ED service, with a consistent pan-SET approach2. Community accommodation – improve flow by redesigning the model for community bed-based accommodation, and establishing consistent approaches across SET3. Smoking cessation in inpatient mental health services - increase the number of people who abstain from tobacco use smoking through mobilisation of pan-SET Tobacco Dependency Service4. Access to Children and Adolescent Mental Health Services (CAMHS) and intensive support – increase capacity in early support and in community mental health teams and Primary Care Networks (PCNs), to enable CAMHs to focus on children and young people with greatest need		
Metrics and impact	<p>SET SIG focus in early stage of programme is on relationship development and agreement of shared priorities and interventions. Work is planned to translate measures into quantitative targets.</p> <ol style="list-style-type: none">1. Eating disorders – First episode and Rapid Early intervention for Eating Disorders (FREED) team fully rolled out across SET; shared care protocol agreed with acute trusts and PCNs; Severe and Enduring ED (SEED) pathway designed and implemented; numbers of adults supported by the service2. Community accommodation – increased capacity utilisation of facilities; increased throughput; reduction in delayed discharges attributable to community accommodation3. Smoking cessation – measuring reduction from baseline number of patients discharged after inpatient stay >28 days who are smoking on admission. Potential for target reduction to be set once service has been operational for a period of time and potential impact assessed4. CAMHs – reduction in waiting times to access CAMHs; national standards met		
Public and partner engagement	<ul style="list-style-type: none">• All the commitments included in the SET MH strategy were developed alongside partners, including public engagement• Many workstreams (for example Eating Disorders and Personality Disorders) have their own service user reference groups• Overall progress in implementing the Strategy is regularly reported (in public) to the three Health and Wellbeing Boards		
Key areas of Progress since last meeting	<ol style="list-style-type: none">1. Eating Disorders – work commenced on shared care protocols, medical monitoring standard operating procedure drafted, FREED service model agreed2. Community accommodation – SET-wide workstream governance established and project managed agreed, Essex County Council supported accommodation model and pathway implemented (excluding complex and IAB in MSE); scope drafted for SET wide Residential and Nursing provision review, discrepancies between voids in supported accommodation and delayed discharges raised at SIG –Review paper tabled for discussion at the Dec 24 SIG meeting . MADE events delivered Oct 24 across SET , TOR and process of escalation being drafted from the findings and implementation of proposed changes Dec 24. Smoking cessation – Herts & West Essex ICP have confirmed commitment to equitable provision pan-Essex, unblocking driver of delay to implementation in Mid & South Essex; smoking cessation likely to form one of the priority areas in health inequalities workstream. Agreement in place for the sub-contracting of the smoking cessation services for MH inpatient services to Provide.3. Access to CAMHs - Freed up capacity to specialist CAMHs through Thrive implementation and increased working with PCNs and MHST's, NHS England assurance targets being met		



Activities & Milestones	Owner	Start Date	Complete	RAG
			Date	
Eating Disorders transformation – Electronic Patient Record (EPR) system mapping, agree medical monitoring pathway SOP, form MDT top create shared care protocol based on literature review	Alfie Bandakpara-Taylor	Nov 2022	Nov 2024	
Community accommodation – Paper being submitted for discussion at Dec SIG. Multi-agency discharge events (MaDE) delivered with the findings and learning shaping future process and decision making. To reduce the challenges with flow ; launch SET wide work reviewing nursing and residential accommodation.	Emily Oliver	Sept 2023	Sept 2024	
Smoking cessation – agree detailed scope and contract with Provide, funding agreed, recruitment to be undertaken to mobilise service	Doug Smale	Sept 2024		
CAMHs and Intensive support – further embed early intervention with partners including HCRG as part of development of Thrive	Gill Burns	Jun 2024	Mar 2025	



Risk (inc consequence)		Mitigation	Risk owner	RAG score
Eating Disorders transformation - Current EPR systems not fit for purpose. ED teams use two separate patient record systems (Mobius-South and Paris-North) the systems currently in place have minimal safety features and functionality, for example no failsafe built in to ensure referrals have been sent and received.		Map the service needs and explore all interim options. Identify benefits, impact, costs and feasibility.	Alfie Bandakpara-Taylor	C4 x L4 = 16
Community accommodation - lack of affordable housing flow is a challenge, local capacity is not released causing Out of Area (OOA) placements to increase, market supply and demand		Review AOT variation Review CMHT capacity and variation to ensure appropriate move-on from supported accommodation Map MH rehab and community accommodation links Develop an action plan to deal with findings from above	Emily Oliver/Jackie Bland	C2 x L3 = 6
Smoking cessation - availability of suitably experienced and qualified staff to operate pan-Essex tobacco dependency service		Agreement is in place for the sub-contracting of the MH inpatient smoking cessation service to Provide. Recruitment challenges due to short term fixed term contract until end of march and lack of assurance of service extension, EPUT are looking to try and support Provide with recruitment to enable individuals to apply for the smoking cessation adviser roles through possible redeployment and secondment opportunities. Provide will provide training for staff.	Doug Smale	C3 x L3 = 9
Access to CAMHs - some CYP commitments require services/workforce to be expanded, which will be challenging in the current environment		CYP Task & Finish Team to identify most challenging areas, and develop alternatives approaches (e.g. phasing, revised delivery models)	Gill Burns	C2 x L3 = 6
Inter-dependencies	Interdependencies include links with: - Healthy Housing on community accommodation - Healthy Starts in relation to BCYP agenda and SEND given high prevalence of Neurodiversity assessments being required across MSE and a backlog position. Support whilst waiting is a key component of the programme.			
Escalations	None			



Status	Red	Reporting Date	November 2024
Lead	Emily Hough		
Governance	Healthy Housing Steering Group (meets monthly)		
Priorities for 24/25	<ul style="list-style-type: none">Improving pathways to support people experiencing, or at risk of, homelessness in MSEStrengthening partnership working to support long term planning on housing growth and associated health needs		
Metrics and impact	<ul style="list-style-type: none">National numbers of homeless households in temporary accommodation at highest level ever recorded.In Essex homeless households in temporary accommodation increased 2.6% in Q3 2023/24 (2,219 to 2,278).The number of children in temporary accommodation in Essex has increased over the last 10 quarters (to Dec 2023)Homeless households are increasingly being placed in temporary accommodation that is out of areaMetrics on housing growth impact on health to be agreed		
Public and partner engagement	<ul style="list-style-type: none">Current engagement in the Healthy Housing has been limited to core Steering Group membershipThrough the current membership, there are links to the Essex Housing Officers Group and local VCFSE partnersA plan for broader engagement will be developed over the coming months		
Key areas of Progress since last meeting	<ul style="list-style-type: none">Expanded membership of the Healthy Housing Steering Group to include all District Councils as agreed at last ICP Board meetingHomelessness audit work initiated with Pathway – due to run until Spring 2025Seeking replacement Governance lead for Healthy Housing from January 2025Gathering data and insights from local projects – such as presentation from Thriving Places Index in Mid Essex Alliance		



Activities & Milestones	Owner	Start Date	Complete	RAG
			Date	
Updated membership and Terms of Reference to include District Councils	Emily Hough	October 2024	Oct 2024	Complete
Data on current homelessness and impact on services to be shared by all Steering Group members	Steering Group members	July 2024	Oct 2024	
Plan for stakeholder engagement in healthy housing to be developed	Emily Hough	Aug 2024	Dec 2024	
Discussion on operational issues relating to housing and discharge from hospital to be planned	TBC	Aug 2024	Oct 2024	
Review of shared Discharge Protocol into temporary housing across MSE	Kirsty O'Connell / Rod Cullen	June 2024	Oct 2024	
Homeless Needs Assessment across MSE led by charity expert partner commenced.	Emma Timpson	June 2024	Dec 2024	Complete
New Governance Lead for Healthy Housing to be agreed	Emily Hough	October 2024	Dec 2024	
Develop a plan for considering the impact of housing growth on further health demand	TBC	Nov 2024	March 2024	



Risk (inc consequence)		Mitigation	Risk owner	RAG score
A lack of dedicated leadership and delivery capacity may delay progress in addressing the priorities identified across the Healthy Housing priority		Discussions on ICP development will include the need to identify capacity to support Healthy Housing	Emily Hough	
Without engagement from across all system partners – including District Councils – there is a risk the right people will not be engaged in Healthy Housing		ToR for Healthy Housing Steering Group being developed and reviewed with a view to inviting all district councils to participate going forward	Emily Hough	
Access to temporary housing is delaying discharge from some areas of the system		System-wide work on discharge is being linked into wider work on Healthy Housing	Rebecca Jarvis	
Lack of data on current housing status and associated impacts means there is not a clear picture of the challenges and opportunities across the system		Collating data from across Steering Group members	Emily Hough	
Inter-dependencies	Safe, quality housing can have an impact on most health outcomes – including all other Healthies, however specific interdependency mapping yet to be completed.			
Escalations	As yet, no replacement lead for the Healthy Housing work has been identified. The lack of supporting capacity is also reducing ability to drive work in this space.			

MSE Integrated Care Partnership, 11 December 2024

Agenda Number: 09

Core20PLUS5 Community Connectors

Summary Report

1. Purpose of Report

To share progress of the COPD Connector Program

2. Report Author

Owen Richards, Chief Officer, Healthwatch Southend

Sophia Morris, System Clinical Lead Inequalities, MSE ICB

3. Responsible Committees

Mid & South Essex Integrated Care Board.

4. Link to the ICP's Strategic Objectives

ICP Strategy Common Endeavour to Reduce Health Inequalities

5. Impact Assessments

Not applicable.

6. Financial Implications

The project is funded by NHSE, with additional resources from the Essex Better Care Fund.

7. Details of patient or public engagement or consultation

The project is grounded in the use of lived experience to effect change.

8. Conflicts of Interest

None identified

9. Recommendation/s

The Integrated Care Partnership is asked to note the work of the COPD Community Connectors in supporting the common endeavour of reducing health inequalities together.

Core20PLUS5 COPD Community Connectors

1. Introduction

This report aims to

1. Introduce the Community Connector work in SE Essex to recognise the program's progress and the value of the program principles
2. Secure the commitment of partners to collaborating with the Connectors in work to address inequalities in access, experience and outcomes for people with respiratory conditions
3. Provide an opportunity for system partners to consider how the principles of the connectors program can be embedded in how we engage and work with our residents to address inequalities

2. Policy context

The Core20PLUS Connectors programme is part of the support framework for progressing the goals of Core20PLUS5, a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both a national and system level. The programme builds on many other community-based initiatives and experience from other volunteer roles which support health improvement and reducing inequalities.

The programme funds Integrated Care Systems (ICSs) to recruit, mobilise and support influential community connectors to take practical action to improve health and reduce inequalities across the clinical priorities outlined in the Core20PLUS5 approach. Working in partnership with people and communities sets out the statutory duty of the NHS to engage with local communities across their responsibilities, and in the best interests of their respective systems. This is also a policy requirement of integrated care partnerships.

The funding allocated to MSE ICB was assigned to focus its program on people living with chronic obstructive pulmonary disease (COPD) in six of the most challenged wards in Southend. The ICB agreed that Healthwatch Southend and SAVS (Southend Association of Voluntary Services) would be the delivery partners, acknowledging their experience in working with local residents.

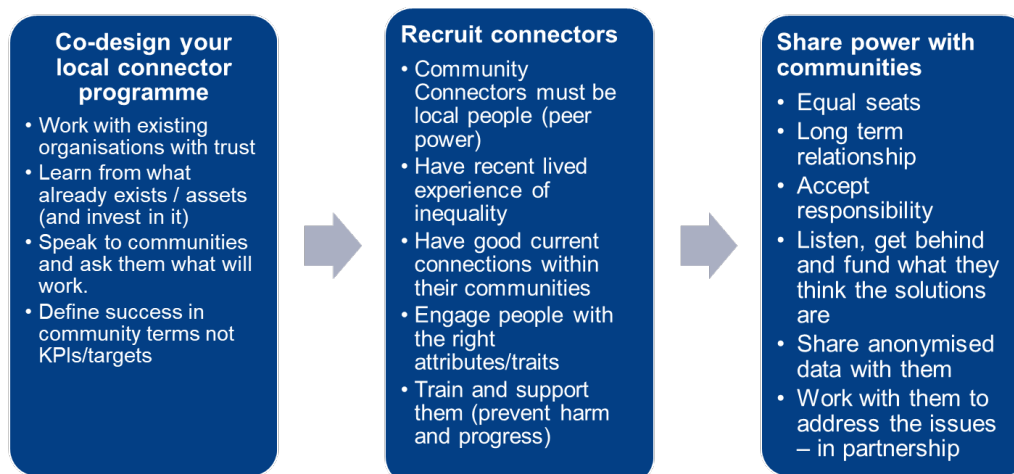
Some specific outcomes from the Community Connector project, which can contribute to the strategic priorities could include

- care closer to home, through pathway redesign and self-care initiatives – consistent use and understanding of rescue packs to reduce calls on primary care/EEAST/MSEFT, as an example
- enhanced primary and secondary care experience
- demand management – improved self care such as better inhaler technique, leading to a reduction in GP appointments or calls to 111
- improved patient communication

3. Community Connectors Model

Connectors are those with influence in their community who can help engage local people with health and care services. The model of Core20Plus Connectors Programme focuses on addressing health inequalities by involving community connectors to offer unique insight into the barriers people living in their communities face, connectors are ideally placed to advise local statutory services on how these can be overcome and what makes a good service. The program seeks to transition from understanding inequalities to taking actionable steps that lead to measurable change.

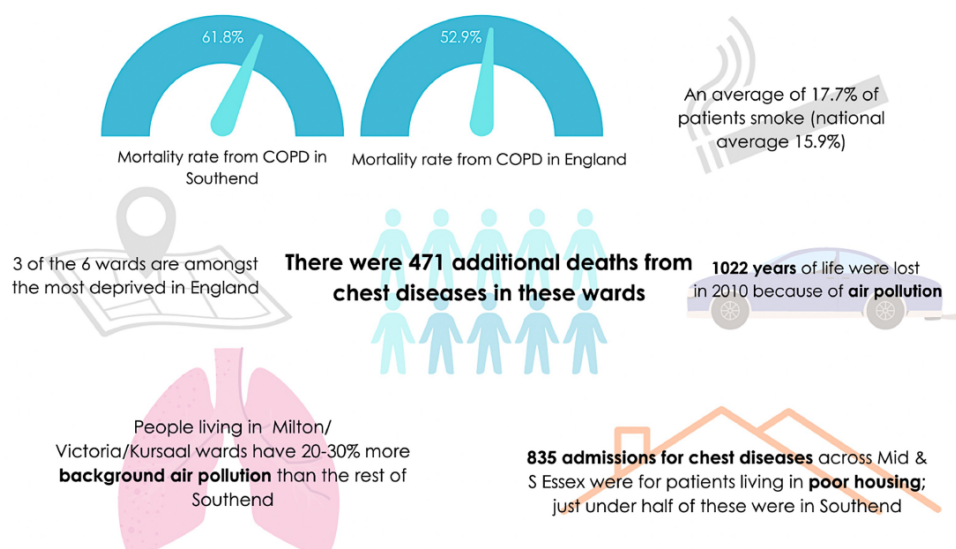
NHS England summarises the approach as follows:



4. COPD Community Connectors in Southend

Mid & South Essex ICB focused its bid for funding on people living with chronic obstructive pulmonary disease (COPD) in six of the most challenged wards in Southend. This recognised the prevalence of respiratory conditions in the City and the impact on local services. The wards mirror those initially included in A Better Start Southend. The intention was always to use the project as a “test and learn” approach, which could be rolled out to other localities and topics as appropriate.

COPD in Southend:



A paid program co-ordinator has supported ten COPD Connectors to increase their skills and capacity to engage residents and organisational representatives. This has included working with the Health Creation Alliance to develop a charter to underpin the approach (Appendix B).

The connectors lead a COPD Drop-In at Shoebury Leisure Centre, the idea came from the Community Connectors who felt it was important to have a safe space for people to share their lived experience, learn from each other, share information and offer support. Resident insights are continuously captured through insight and experience research surveying.

Immediate actions have included the development of “stretch and breathe” sessions, which combine both graded exercise and peer support, assisting with both physical and mental health. The Connectors have had input into winter campaign planning. Connectors are also working with the local housing association and a homeless charity to offer information, signposting and peer support. The Connectors also supported the planning of a workshop for Clean Air Day this year.

Connectors have engaged with a wide range of stakeholders to influence decision making including Everyone Health, Southend-on-Sea City Council, PCNs, Community Collaborative, One Love Southend, South East Essex Homes. MSE FT, NIHR. (Appendix C).

5. Who are decision-makers?

Decision-makers can be at many levels. A Communications Officer designing a patient exercise leaflet could benefit from the perspective of a recipient – is it free of jargon? Does it flow properly? Someone from the Hospitals’ Estates Team could use lived experience to look at where seating in corridors should be placed, allowing someone who’s short of breath to rest. The same could be true of local authority planners looking at the street scene. At a more strategic level, clinicians overseeing pathway redesign, or the development of virtual wards need the perspective of patients and carers to inform and enhance their outputs.

A workshop was held in July 2024 to start sharing some examples of lived experience with decision-makers from the NHS and Southend City Council. There is a need to build on the outputs of this event by following up on the commitments made.

The connectors are now connected to the newly formed respiratory programme board, natural group of decision-makers, to influence respiratory transformation planning. There will be others, often at operational level, who could use the experience of the Connectors to enhance their work. We continue to increase the visibility of COPD connectors as delivery partners are not always sighted on these activated individuals.

6. Forward Planning & Sustainability

There has been continued engagement across all sectors to create awareness of the connectors program and to identify opportunities where the program objectives can be best realised.

With support from the Essex Better Care Fund, the project will extend to Rochford and Castle Point. Working closely with the two CVS, we will identify people with lived experience, encouraging them to describe barriers to their health and wellbeing. They

will then be supported to work with partners to design local initiatives. The project will also need to begin to draw out the learning from its work. This will inform how other areas can take forward engagement and co-design.

Further top up funding has been secured through allocations from NHSE through their reprioritisation of spend to support connector sites. Some ICBs – SE London, for example – have already moved their projects in to mainstream funding. The financial situation in this system is well-understood, however partners are encouraged to consider how the approach of the connectors model in Southend might be across MSE.

A sustainability toolkit is being developed by the Health Creation Alliance and National Voices and should be available in the New Year.

7. Recommendation(s)

Reducing inequalities and engaging with communities are embedded in the Integrated Care Strategy for Mid & South Essex. The COPD Community Connectors program has demonstrated considerable value in its approach.

The Integrated Care Partnership is asked to

- note the work of the Community Connectors as part of the approach to reduce health inequalities in South East Essex
- support the project by identifying opportunities for co-design in a proactive way
- consider how the principles of the connector program can be adopted more widely across MSE
- agree to receive a follow up report, outlining the impact of the project

8. Appendices

Appendix A: COPD Community Connectors Annual Report 22/23 Accessible [here](#)

Appendix B: Connectors Charter

COPD Connectors Charter

The success of this programme requires the connectors to be recognised as partners and influencers within the system.

This charter sets out a way of working that will support the wider ICS to hear and act upon insight by -

- helping to create listening and responsive 'safe' environments
- nurturing relationships and enabling challenges to be explored and solutions identified
- embedding a health creating ethos

We will improve and embed this way of working through the following actions.

We listen with curiosity and the intent to understand	We use positive body language and make sure people don't feel rushed	We provide realistic expectations, even when this is difficult	We are honest with our feedback to support improvement	We value lived experience of individuals and communities
We recognise the skills and talents of local people	We help others to understand the role of the connectors	We enhance existing local assets and networks	We are inclusive in our approach and make shared decisions	We work to understand each other's motivations

Appendix C: Impact Statements of Engagement Events

Community Connectors supporting Nicholson House				National Institute for Health & Care Research			
<p>The residents watched a short film explaining how the NHS works and how it is changing. They then had the opportunity to hear from a Social Prescriber who explained what her role was and how she can support people in the community.</p> <p>Watch the film here - "How does the NHS in England work and how is it changing"</p>				<p>The plan is to connect this group with researchers and other community groups to develop this network of lived experience to make everything we do in the future driven by community needs and interests.</p> <p>The group were really interested and supportive of the project and have given NIHR invaluable insights and feedback that will support the development of the new leaflets & website.</p>			
							
<p>"I've learnt something new today about what a Social Prescriber does."</p>				<p>"I could really relate to the research they are doing and want to get more involved"</p>			
<p>"Everything was really well explained to us all."</p>				<p>"I didnt know that all this research is being done which is really reassuring"</p>			
<p>"Very important information was shared with us as a group and the people were lovely."</p>				<p>"I'm excited & inspired. I want to share this information further."</p>			
<p>For more information about Community Connectors please email connectors@savs-southend.co.uk or call 07944 056547</p>				<p>For more information about Community Connectors please email connectors@savs-southend.co.uk or call 07944 056547</p>			
Clinical Health Psychologist				Healthwatch Assembly			
<p>The group welcomed Dr Katy Watts who is the Clinical Health Psychologist based within the Respiratory Department at Southend Hospital. She explained how she works closely alongside other healthcare professionals and that her role is multifaceted. She supports both inpatients and outpatients living with respiratory conditions such as COPD, through the delivery of psychological interventions. These interventions aim to support those with COPD to adjust to living with their condition, and help improve their quality of life wherever possible.</p> <p>Asthma & Lung UK and Therapy for You offer practical advice and support. Click on the links below for more information about breathlessness and panic attacks.</p> <p>How can I manage my breathlessness Panic Attacks</p>				<p>The COPD Community Connectors attended the Healthwatch Assembly to learn how community pharmacists can help people look after their own health, including new services which might avoid a trip to the GP. They also had the opportunity to share their views with the NHS Intergrated Care Board about its plans to change the way beds at the Cumberlege Intermediate Care Centre in Rochford are used.</p> <p>"It was a very good event. I received a lot of information about what is being planned for the future straight from the decision makers. It was also an opportunity to network and meet new people."</p>			