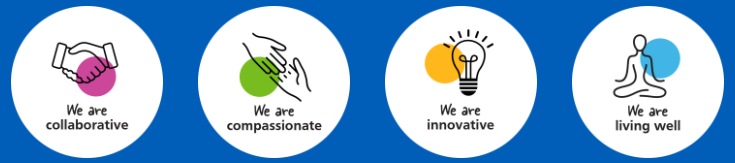
NHS
Mid and South Essex

# MSE Integrated Care Board (ICB) Update

www.midandsouthessex.ics.nhs.uk



NHS
Mid and South Essex

# ICB changes

www.midandsouthessex.ics.nhs.uk

We are collaborative
We are compassionate
We are innovative
We are living well

# What's changing?- Configuration of ICBs

- **ICB footprints have been re-shaped:**

Across the East of England, the number of ICBs will reduce from six to three.

Formal implementation from April 1st 2026

MSE ICB will be part of a new Essex ICB cluster with colleagues in north-east Essex and west Essex.

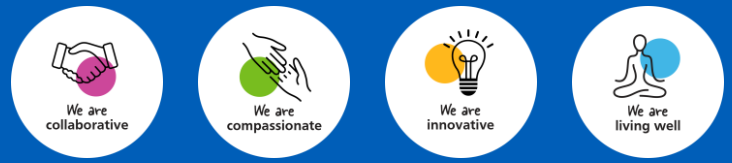
# Next steps

- Currently in the process of restructuring
- Teams and leads may change over the next few weeks- this will be communicated with partners once known
- Restructure process should conclude by mid April 2026

NHS
Mid and South Essex

# Essex ICB Population Health Improvement Plan (PHIP)

www.midandsouthessex.ics.nhs.uk



# Context and Purpose

- NHS at a crossroads: long waits, workforce pressures, and rising demand
- Need for transformation: The plan centres on three ‘shifts’ or changes the government wants to see:
  - ➢ Moving care from hospitals to local communities
  - ➢ Preventing illness, not just treating it
  - ➢ Realising the potential of digital technology

# Purpose of the PHIP

- Sets out the Essex ICB's 5 year **strategic ambitions**, 1-2 year **commissioning intentions**, and **delivery plans**
- How investment will shift over time, including a planned movement of activity and resources from acute settings into neighbourhood and preventative services.
- The 'what, why and how' we will commission NHS services for our 2 million residents
- Built from existing strategies across Essex, including Health and Wellbeing Boards
- Aligns with NHS 10-Year Plan shifts:
  - Hospital → Community
  - Analogue → Digital
  - Treatment → Prevention

## 3 Acute Hospital providers

East Suffolk and North East Essex NHS Foundation Trust
Mid and South Essex NHS Foundation Trust
The Princess Alexandra Hospital NHS Trust

## 4 Community providers

East Suffolk and North East Essex NHS Foundation Trust
Essex Partnership University NHS Foundation Trust
North East London NHS Foundation Trust | Provide Health

## Over 880 Primary Care providers

204 General Practices, working across 41 Primary Care Networks
195 dental practices | 295 community pharmacies | 192 optometry practices

## 2 Mental Health providers

Essex Partnership University NHS Foundation Trust (Adults)
North East London NHS Foundation Trust (Children)

## 8 Hospices

Farleigh | St Luke's Hospice | St Helena Hospice | Saint Francis
Havens Hospice | St Clare's Hospice | East Anglia Children's Hospice | Haven House

## 1 Ambulance Trust

## 26 Acute and Community Health Facilities

5 Acute Hospital site | 10 Community Hospitals | 6 Community Diagnostic Centres
5 Urgent Treatment Centres


## Partners

**3** upper tier local authorities*
**12** district councils*
**3** Healthwatch organisations*
**11** VCSE infrastructure organisations
*Current configurations subject to change

# Population Health – Key Essex Insights

### Population & demographics

- Ageing population: 20% aged 65+
  - fastest growth in 65–89 age group (+20% by 2034)
- Increasing ethnic diversity, especially in Thurrock and Harlow

### Deprivation & Inequalities

- 220,000 residents live in the most deprived 20% of areas nationally
  - Highest deprivation in Southend, Clacton, Harwich, Basildon, Harlow, Tilbury
  - Higher smoking, inactivity, obesity and alcohol harm in deprived areas
  - CYP- Low physical activity; higher maternal smoking in deprived areas
  - CYP- Persistent inequalities in school readiness linked to deprivation
- Life expectancy gaps up to 12.4 years between most and least deprived areas
- Large inclusion health populations: carers, disabled residents, GRT communities, homeless households, veterans, vulnerable migrants

### Health needs & Risks

- Rising long-term conditions: Hypertension, Obesity, Depression, Diabetes, Asthma
- Adults with SMI: 15–20 years shorter life expectancy

### CYP

- 50,000+ children with SEND; demand rising

### Public Health

- Immunisation coverage below WHO 95% threshold
- MMR uptake <90% across Essex, Southend, Thurrock

### Wider Determinants

- Loneliness linked to higher hospital use and early mortality
- Rising economic inactivity due to long-term sickness
- Highest inactivity in Tendring, Maldon, Thurrock
- Barriers include poor health, caring responsibilities, skills mismatch

# Biggest drivers of early mortality:

## Health behaviours

More adults are considered **obese** in Essex than the England average, despite high levels of physical activity

An increasing number of children are being classified as **overweight**, with much higher prevalence at 10/11 years

Rates of **smoking and drug misuse** in Essex have levelled off and track below England, but there are big inequalities

Across Essex, apart from in Southend, **alcohol related mortality** is lower than England

## Health conditions

Cardiovascular

Cancer

Respiratory diseases

# Outcome ambitions for the population

## Reducing Health Inequalities

### We will…

**Understand what health inequalities exist in experience, access and outcomes across Essex**.
Plan and deliver ways to address specific inequalities experienced by individuals and communities.

### So that people in Essex have…

Improved life expectancy and healthy life expectancy in deprived communities; narrower gaps in access, waiting times and outcomes for protected and priority groups; better performance against Core20PLUS5 indicators; strengthened patient experience and engagement among those who face the greatest health barriers.

## Start Well

### We will…

**Support babies, children, young people and families to build strong foundations for lifelong health and wellbeing** through early help, prevention and joined up support from conception through to adulthood.

### So that people in Essex have…

Improved outcomes and experience; safer maternity and neonatal care; better early childhood development; reduced inappropriate prescribing; strengthened mental health support in schools; better access to high-quality, inclusive services for those with SEND and neurodiversity.

## Live Well

### We will…

**Help people to stay well and manage their health and health conditions so that they can maintain independence and make informed choices to live longer, healthier lives.**

### So that people in Essex have…

Increased healthy life expectancy; higher uptake of prevention programmes; better management of long-term conditions; reduced lifestyle-related risks; timely access to primary, community and elective services; strengthened personalised and community-based support for people with complex needs, learning disabilities and autism.

## Feel Well

### We will…

**Offer good mental and emotional wellbeing for all, improve access to mental health services in the community and reduce reliance on inpatient and inappropriate out of area beds**.
Improve access to care that meets people's mental health needs when they need it most, including in an emergency.

### So that people in Essex have…

Improved access to timely and effective psychological therapies; reduced premature mortality and suicide; increased uptake of physical health checks; expanded community-based and school-based mental health support; greater access to employment for people with severe mental illness; reduced inappropriate out-of-area placements; fewer inpatient admissions for people with learning disabilities or autism.

## Age Well

### We will…

**Support people to remain active, independent and as healthy as possible as they grow older.** Ensure services promote healthy ageing, reduce avoidable ill health and hospital admission, particularly for those who are living with frailty.

### So that people in Essex have…

Better identification of frailty and dementia; reduced avoidable hospital admissions and readmissions; fewer falls; strengthened community-based nursing support; improved outcomes for people living in care homes.

## Die Well

### We will…

**Support people of all ages to live well until the end of their life, with clear care plans to support them to die in their preferred place** through delivery of personalised, compassionate care plans

### So that people in Essex have…

Better identification of people approaching the end of life; reduced avoidable hospital admissions; increased advance care planning; increase in people supported to die in their preferred place.

## Respond Well

### We will…

**Ensure people receive the right care, at the right time, in the right place through coordinated services** that people can access when they are needed urgently, or in an emergency to prevent further escalation.

### So that people in Essex have…

Faster access to A&E, ambulance and same-day primary care services; reduced avoidable non-elective hospital use and delayed discharges; increased community and virtual ward capacity; more effective integrated urgent care pathways; improved stroke care through faster diagnostics and timely specialist treatment.

# Priority work programmes for 2026/27

**Multi-disciplinary projects for 2026/27:**

1. Developing Neighbourhood Health Service model for Essex, with a specific focus on frailty in 2026/27
2. Undertaking a system wide strategic commissioning review of community services across Essex
3. Reducing long waiting lists for elective care, including children's services and neurodiversity diagnoses
4. Improving cancer outcomes across Essex, with a plan to focus on earlier diagnosis
5. Developing an approach to Urgent Care across Essex – including Mental Health Urgent and emergency Care to support people in crisis
6. Procuring Talking Therapies and Psychological Therapies for people with Serious Mental Illness
7. Undertaking a quality review of perinatal services
8. Delivering an Estates strategy, including Community Hospitals, Neighbourhood Health Centres and Primary Care
9. Establishing the new organisation, including external relationships

# Delivery Programmes

## Neighbourhood Health

- Developing and commissioning effective Neighbourhood Health services
- Improving access to and the quality of services across primary and community care
- Using new and innovative models of commissioning and contracting to support the transformation of care delivered closer to home

## Sustainable Hospital Services

Planned Care

- Improving access to and quality of elective, diagnostics and cancer care services
- Targeted efforts to reduce waiting lists, support early diagnosis of cancer and provision of more diagnostic services in the community
- Deliver 'left shift' of elective care, particularly outpatients, out of hospital and into more community locations

Unplanned Care

- Developing integrated services that provides access to urgent and emergency care when people need it most
- Delivery of integrated same day services with access to urgent support when it needed

## Mental Health & Neurodiversity

- Will bring together an all-age focus on mental health commissioning
- Delivery of strategic commissioning of services to support people with mental health conditions and neurodiversity
- Supporting prevention and early intervention through effective community services to reduce the need for inpatient service, particularly those that are out of area.
- Continue to support improvements in inpatient services, including the quality of care and reduced length of stay

## Complex Care

- Brings together a range of services commissioned to support core patient groups:
  - Babies, Children and Young People
  - Learning Disabilities and Autism (all age)
  - All Age Continuing Care
- Focused on commissioning services that will improve outcomes for each group of patients through a focus on more integrated and personalised care for individuals

# Ambitions Aligned to Programmes

Delivery Programmes

Outcome ambitions

| | Neighbourhood Health | Sustainable Hospital Services | | Mental Health and Neurodiversity | Complex Care (inc CYP, LDA & CHC) |
|---|---|---|---|---|---|
| | | Planned Care | Unplanned Care | | |
| Reducing Health inequalities | ✓ | ✓ | ✓ | ✓ | ✓ |
| Start Well | ✓ | ✓ | | | ✓ |
| Live Well | ✓ | ✓ | | ✓ | ✓ |
| Feel Well | ✓ | | ✓ | ✓ | ✓ |
| Age Well | ✓ | ✓ | ✓ | ✓ | ✓ |
| Die Well | ✓ | | ✓ | | ✓ |
| Respond Well | ✓ | | ✓ | ✓ | ✓ |

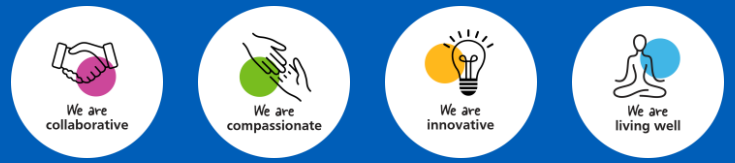
# Enablers for Delivery

| | |
|---|---|
| Public involvement | Incorporate meaningful public involvement as a key requirement to effective strategic commissioning.<br>Ensure population health improvement activity is shaped by lived experience and local insight |
| Medicines Management | Improve outcomes and experience, reduce medicines-related harm and unwarranted variation, and release capacity and value<br>Embed a targeted, data-led and proactive approach, focusing effort where it will most reduce inequality and avoidable demand |
| Quality | Develop a fully integrated, collaborative quality system, where every provider reports against a single quality framework<br>Patient safety and experience data are routinely used to improve care across pathways |
| Research and Innovation | Increase the volume and quality of research and innovation projects supported and scaled across Essex<br>See the faster adoption of NICE and other evidence-based interventions |
| Estates | Develop and deliver a coordinated, efficient, and future-focused estate strategy that supports the delivery of Neighbourhood Health Services and sustainable hospital services, in partnership with local providers and other public sector partners<br>Ensure best use of all public sector assets in the development of services. |
| Digital and Data | Deliver the national ambition to transition from analogue to digital, maximising the use of data and digital solutions across the NHS in Essex<br>Achieving this will mean working in partnership with providers to support their delivery of a range of key programmes that will see improved digital solutions for both local people and the health system |
| Environmental sustainability | Address the impacts of climate change and reducing carbon emissions in both how the ICB runs itself and in the services that it commissions<br>Maintain and implement an ICB 'Green Plan', focusing on actions that can be taken to reduce emissions i.e. sustainable buildings, effective waste management, staff active travel and volunteering |

NHS
Mid and South Essex

# Neighbourhood Health Framework

www.midandsouthessex.ics.nhs.uk



# Neighbourhood health framework

- On 17 March 2026, the Department of Health and Social Care (DHSC) published the Neighbourhood Health Framework

- The framework sets out
  - The next steps for the NHS and local government to develop neighbourhood health services as part of the 10-year health plan
  - How services should be commissioned and contracted, removing barriers that have historically prevented the integration between the NHS and councils

# Neighbourhood health framework

1. Improve services for people who need routine healthcare
    - GP access recovery

2. Improve proactive care for people
    - Redesign services to prevent deterioration, avoid unnecessary hospital use and provide seamless care across settings
        - Integrated Neighbourhood Teams
        - Best practice frailty pathways
        - Women's health services
        - Improve elective care and outpatient care

3. Deliver better alternatives to hospital care
    - Expand urgent community response services
    - Increase intermediate care
    - Better alternatives to mental health hospitals

4. Improve health outcomes for high priority cohorts
    - Frailty, care homes residents, housebound patients, end of life, diabetes, mental health conditions

# Neighbourhood health framework

- Neighbourhoods need to be organised around populations, with the ability to develop management models that can join up resources and form partnerships that enable them to hold contracts

- **Single neighbourhood providers-** service delivery through Integrated Neighbourhood Teams

- **Multi-neighbourhood providers-** Coordinate consistent delivery of services across multiple neighbourhoods

- **Integrated health organisations-** responsible for whole population health budget, resource allocation, planning of services and outcomes

NHS
Mid and South Essex

# Questions?