



Mid and South Essex  
Health and Care  
Partnership

# Relationships, Results and Reform

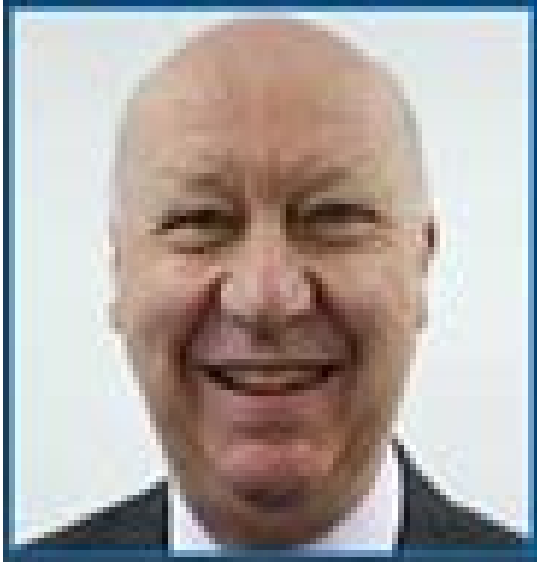
NHS IMAS Webinar  
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*Working together* for better lives



# Introduction



Anthony ‘Mac’ McKeever

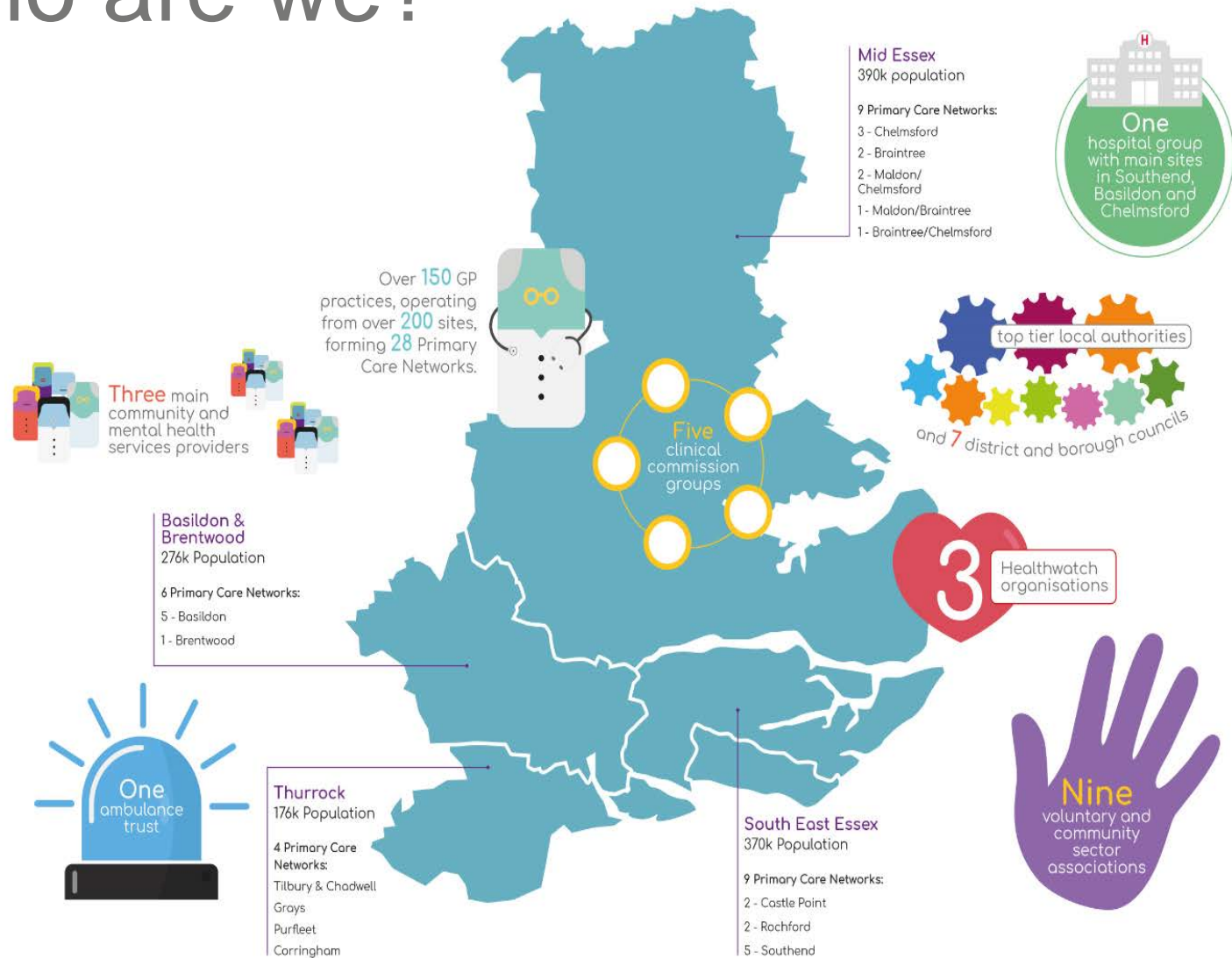
Executive Lead

Mid and South Essex  
Health and Care  
Partnership

and Joint Accountable  
Officer for its five CCGs



# Who are we?





# Fresh eyes

- Interim management and support needed for system with significant historic performance, quality and financial issues
- First exec lead for health and care partnership
- Five CCGs in transition and talking merger
- Complex political and stakeholder landscape
- First stocktake – “Essex-itis” diagnosed



# Day 10 in the role

- National level four incident declared
- National lockdown imposed
- Central incident team established in “The Bunker”
- Appointed Gold Commander for Health operating as part of the greater Essex Local Resilience Forum.



# Marching in step

- Pandemic response united partners in a common purpose like never before
- Opportunities to collaborate formed across all sectors and delivered a step change
- Essex particularly hard hit in the second wave - major incident declared
- Made the decision to stay and apply for the permanent role – wanted to be a part of that future



# Reset and recovery

- Significant impact of second surge on routine and planned care (elective) waiting lists, in particular those waiting the longest time
- Work with independent hospital providers to treat patients prioritised as needing surgery within one month
- In February – just a month after the declaration of major incident - started urgent planned work for a small number of patients



# Reform from the top

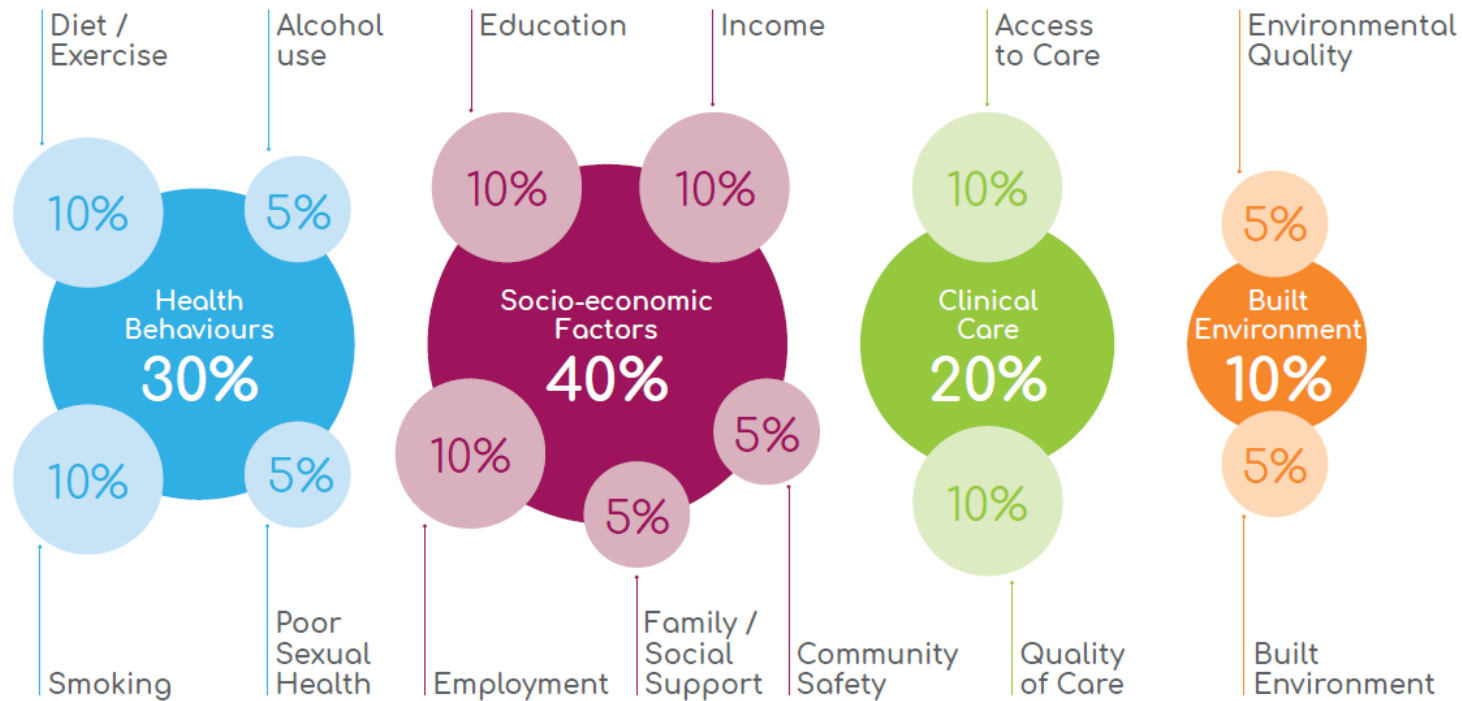
- Legislation to support and enable systems to work together to improve, integrate and innovate.
- A combination of:
  - different parts of the NHS joining up better and;
  - The NHS and local government forming dynamic partnerships to address some of society's most complex health problems





# Why we need ICSs

Access to, and quality of, clinical care contributes just 20% to the wider determinants of health, and that's why we need to work together..



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status



# Building for the future

We want our integrated care system to be:

- **Distinctive** –to do things that others can't
- **Attractive** - to bring the best staff to our system
- **Successful** –in any given area

**D-LEADER** will help us achieve this



# What is D -LEADER?

- As an ‘umbrella’, the role of the ICS is to safeguard standards, improve outcomes, make good use of resources and ensure the application of common clinical policies.
- The ICS will work around six sections (or ‘spokes’ of the umbrella) reflecting our imperatives –this is the **D-LEADER** approach.

# Mid & South Essex D -LEADER





# Final thoughts

and questions?