

# MSEFT – leading the future for local communities

10-Year Strategy – priorities and vision  
draft for discussion

Sep 2024, in development



**Excellent**



**Compassionate**



**Respectful**

# Why 10-year strategy and why now?



**High quality local services**  
Build **local services** that are high quality and integrated.



**Equitable access**  
Driving **equity** as our priority, including in specialist services, taking advantage of digital.



**Opportunities for our staff**  
Invest in becoming an **employer** where everyone has an **opportunity** to grow, innovate and improve.

← **One team working together for excellent patient care** →

# 10-year strategy - development stages



- Extensive engagement
- Local leadership
- Community of Strategy Champions

**From January 2024**

**1. Baseline review** - analysis to understand our position under these headings

- International
- National
- Regional
- System
- Trust
- Clinical

**From July 2024**

**2. Set strategic vision and direction** using key critical questions from baseline review

**From Sep 2024**

**3. High level strategy design** - the guide rails helping us achieve our 10-year vision

**January 2025**

**4. Detailed strategy published** with long-term road-map for implementation



# CHANGING NEEDS OF MSE

## Theme 1: Growing ageing population



**59k** more residents in 10 years' time, with a growing over 65's population.

## Theme 2: Increasing Multi-Morbidity

A growing ageing population could result in 1,200 more admissions for falls, 3,000 more people with Dementia and **64k more people with multi-morbidities** (2+ conditions).



## Theme 3: Highest Disease Burden



Increases in the majority of conditions in MSE with the highest **global burden of disease** e.g.

- **12k** more people with hypertension
- **1.2k** more cancer diagnoses each year
- **12k** more people with hypertension
- **12k** more people admitted to hospital as an emergency with respiratory conditions
- **13k** more people with long term MSK conditions.

## Theme 3: Shared Decision Making

- **1 In 7** surgical patients have decisional regret.
- Cochrane Review suggests a **20% decline in major elective surgeries** through patients becoming well informed.
- Both individuals and clinicians tend to consistently **over-estimate the benefits** of treatments ([Hoffman, 2017](#)).

## Theme 5: Patient Experience

Excellent Care is;

**Timely** with **Good Communication**. Has **clear** signage and instructions. Delivered with **respect and dignity**. Considers **ease of access** - particularly on satellite sites. Staff are well-mannered and **compassionate**. There is enough staff. Care **closer to home** and patient are **seen quickly**. **Parking** is easy.

# HEALTH OF MSE'S POPULATION



Mid and  
South Essex  
NHS Foundation Trust

## Theme 6: Increasing maternity acuity

In MSE births are **reducing by 0.3%** each year and **acuity is increasing** to up to 10% of all births being intensive due to increasing obesity and diabetes.

## Theme 7: Increasing child population in Basildon and Thurrock

The largest population of 0–4-year-olds is in Basildon and Thurrock. By 2035 it is projected there will be a **2% increase** in children aged 0-4 years old across MSE. The largest increase will be seen in Basildon and Thurrock.

## Theme 8: Deprivation reducing health life expectancy

Nationally in the 10% most deprived areas major illness-free life expectancy is 63.7 years, which is **10.4 years lower than the 10% least deprived areas** (74.1 years). This inequality is projected to persist through to 2040.

## Theme 9: Working age inequality gap

A large proportion of the population growth over the next 15 years to be due to international migration – will be largely made up of people of working age. People of **working age**, are more likely to live in more deprived areas.

## Theme 10: Conditions in deprived areas

**Chronic pain, anxiety and depression and type 2 diabetes** are projected to affect the greatest number of people in 2040 across both the most and least deprived areas. The number of cases of these will increase fastest in the most deprived areas for those aged 20-69.

# Based on our baseline review themes, the following critical questions were considered by the board

1. How do we manage the tension between urgency to deliver against current challenges and building a long-term ambition? *We want to support our staff and be more patient centric*
2. We want to deliver high quality, safe and equitable care. How do we deliver this sustainably? *e.g. staff talk about capacity and leadership about productivity and communities want more local care*
3. How can we prioritise lived experience and learning from best practice to provide care (across the system) that is patient owned? *e.g. we have some tools available Patient Knows Best, Shared decision making and GIRFT, but we want to be working more closely with communities and create a shift in behaviours*
4. Workforce is our key asset; how do we develop resilient capable workforce that is able to deliver right care in the right place at the right time? What can we learn from other organisations and the feedback from our staff and patients? *e.g. Culture to support our long-term plan*
5. We have seen rise in demand and evolving needs. How do we tackle this with new ways of working in the hospital and meaningful collaboration with communities and partners? *Proactive care, left shift*
6. How do we make the best use of digital, innovation and research to enhance value and productivity?  
*e.g. AI, digital first*
7. How can we foster partnership working across our departments and more widely across our Integrated Care System to enhance our service delivery? *e.g. workforce, research and education*

# Our critical questions align with the Darzi review\* published in September 2024

*Darzi - It has taken more than a decade for the NHS to fall into disrepair so improving it will take time.*

- Re-engage staff and re-empower patients.
- Lock in the shift of care closer to home by hardwiring financial flows
- Simplify and innovate care delivery for a neighbourhood NHS
- Drive productivity in hospitals
- Tilt towards technology
- Contribute to the nation's prosperity
- Reform to make the structure deliver

## The four key priorities that we will need to focus to be able to respond to critical questions are:

- Focus on our workforce culture, capacity and capability
- Make community involvement a key tenet of what we do as MSEFT with lived experience being a strategic priority
- Align services to deliver high quality and best value. Clarify clinical models that are fit for the future with focus on Consolidation and reconfiguration. Ensuring we are delivering the merger and reconfiguration commitments
- Embed Collaboration and integration in everything we do both internally and externally.



**Our People** excel



**Our Communities** thrive



**Our services** provide excellent outcomes and are sustainable



**Our Partnerships** are cohesive



**Excellent**



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Draft in development



# Next steps

- Detailed work on each priority area
- Defining the vision and mission.



Excellent



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# Questions for HWBB

- How best to engage with partners to further develop this strategy and bring the priority areas to life?



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