Essex Partnership University
NHS Foundation Trust

MID AND SOUTH ESSEX JOINT COMMITTEE - PART 1 - IN PUBLIC

MID AND SOUTH ESSEX JOINT COMMITTEE - PART 1 - IN PUBLIC

30 January 2025

11:00 GMT Europe/London

The Lodge, Lodge Approach, Runwell, Wickford SS11 7XX

AGENDA

AGENDA

Robert Parkinson

REFERENCES

Only PDFs are attached

MSECC Joint Committee Agenda - 30.01.25.pdf

Mid and South Essex Community Collaborative

AGENDA

MID AND SOUTH ESSEX COMMUNITY COLLABORATIVE

JOINT COMMITTEE

Thursday 30th January 2025 – 11:00am – 13:00pm
EPUT, The Lodge, Lodge Approach, Wickford, Essex SS11 7XX - Training Room 1

No.	ITEM	LEAD	REQUIREMENT	PAPERS	TIME
Formalities and Administration					
1.	**Apologies for Absence** Judith Friedman Mark Harvey Brid Johnson Philip Richards Eileen Taylor Lucy Wightman	Robert Parkinson, Chair	Information	Verbal	11:00
2.	**Declarations of Interest**	Robert Parkinson	Information	Attached	11:01
3.	**Minutes of meeting 28th November 2024**	Robert Parkinson	Decision	Attached	11:02
4.	**Action log following 28th November 2024**	Robert Parkinson	Information	Attached	11:03
5.	**Matters arising from previous minutes**	Robert Parkinson	Information	Verbal	11:04
Collaborative Update					
6.	**MSE Community Collaborative update report**	James Wilson	Information	Attached	11.05 (10mins)
7.	**Service User Case Study – Transfer of Care Hubs (TOCH)**	Elesha Jones Ondine Pannell	Information	Presentation	11:15 (20mins)
Strategy & Transformation					
8.	**Strategic Priority Update: Creating an integrated delivery environment**	Mousumi Basu & Caroline McCarron Rebecca Boyes Rita Thakaria	Information	Presentation	11:35 (20mins)
9.	**Planning Priorities**	James Wilson	Information	Attached	11:55 (25mins)
Assurance					
10.	**Accountability Framework including exception reporting**	Alex Green & and functional leads	Assurance	Verbal	12:20 (10mins)
Finance					
11.	**MSE Community Collaborative Finance and Efficiency Update**	Trevor Smith	Assurance	To follow separately	12:30 (20mins)
Questions from the Public					
12.		Robert Parkinson	Verbal		12.50 (5mins)
Any Other Business					
13.		Robert Parkinson	Verbal		12:55 (5mins)
14.	This Committee meeting does not have a Part 2 meeting on this occasion, however, there may be a requirement to hold a part of the meeting where members of the public are excluded. This is in relation to having regard to commercial sensitivity and / or confidentiality and / or personal information and / or legal professional privilege in relation to the business to be discussed.				
Meeting End					13:00
Future agenda items: March 2025 Electronic Patient Record					
Date of next meeting: **Thursday 27th March 2025 incorporating development session on Risk Appetite, 10am-1pm – Venue to be confirmed**					

1. WELCOME, INTRODUCTIONS AND APOLOGIES

Standing item | Robert Parkinson | 11.00am (1min)

2. DECLARATION OF INTEREST

Standing item | Robert Parkinson | 11.01am (1min)

REFERENCES

Only PDFs are attached

Declaration of Interest register 2024_25 MSECC Joint Committee 30.01.2025.pdf

REGISTER OF POTENTIAL CONFLICT OF INTERESTS FOR THE MID AND SOUTH ESSEX COMMUNITY COLLABORATIVE - 2024/2025							
NAME	**POSITION**	**ORGANISATION**	**FINANCIAL INTERESTS**	**NON-FINANCIAL PROFESSIONAL INTERESTS**	**NON-FINANCIAL PERSONAL INTERESTS**	**INDIRECT INTERESTS**	**DATE SIGNED**
Allum Caroline	Chief Medical Officer	North East London Foundation Trust (NELFT)	Employee of NELFT Consultant Radiologist - Royal Free London NHSFT				10.01.2024
Castro Luis Canto E	Lived Experience Leader	Essex Partnership University Trust (EPUT), North East London Foundation Trust (NELFT) and Provide Community Interest Company (CIC)	Mildon Ltd - Consultant As an EDI Consultancy, we have been doing work with NHSE, NELFT and there are possibilities of other Trusts acquiring our services should they so choose				06.06.2024
Davey Anna Dr	General Practitioner	Mid and South Essex Integrated Care Board (MSEICB)	GP Partner - The Coggeshall Surgery GP Partner - Colne Valley Primary Care Network	Primary Care Partner, Member on the MSEICB Member of the GP Provider Collaborative for MSE	None	None	25.07.2024
Doherty Dan	Alliance Director, Mid Essex	Mid and South Essex Integrated Care Board (MSEICB)	Employee of MSEICB	Non Executive Board Member - Active Essex		Spouse is a Community Physiotherapist at North East London Foundation Trust (NELFT)	04.07.2024
Dollery Caroline Dr.	Primary Care Non-Executive Director	North East London Foundation Trust (NELFT)	GP Partner - Beacon Health Group Clinical Director - Aegros PCN	Trustee - Open Road Charity - Chair their Clinical Governance Committee and sit on Board Trustee - Kids Inspire - Safeguarding lead and sit on Board Trustee - Rural Communities of Essex, on Board and sit on Finance Committee			08.04.2024
Green Alex	Executive Chief Operating Officer	Essex Partnership University Trust (EPUT)	Employee of EPUT	None	None	None	04.07.2024
Harvey Mark							
Johnson Brid	Chief Operating Officer	North East London Foundation Trust (NELFT)				Partner is a Non-Executive Director at Mid and South Essex Integrated Care Board (MSEICB)	03.06.2024
Karele Milind Dr	Executive Medical Director	Essex Partnership University Trust (EPUT)	Employee of EPUT	None	None	None	24.07.2024
Lutchmiah John	Lived Experience Leader	Essex Partnership University Trust (EPUT), North East London Foundation Trust (NELFT) and Provide Community Interest Company (CIC)	Patient Board member - NELFT	None	None	None	25.07.2024
Makala Wellington	Executive Chief Nursing Officer/Executive Director AHP & Psychological Professions	North East London Foundation Trust (NELFT)	Adhoc Consultant work				12.01.2024
Morrison Siobhan	Group Chief People Officer	Provide Community Interest Company (Provide CIC)	Employee of Provide CIC Director - React Homecare Limited Director - Provide Care Solutions Ltd				05.07.2024
Parkinson Robert	Group Chair	Provide Community Interest Company (Provide CIC)		Foundation Governor - St John's School, Horsham			04.07.2024
Persey Robert	Interim Executive Director for Adults and Health	Thurrock County Council					
Presmeg Nick							
Richards Philip	Chief Finance Officer	Provide Community Interest Company (Provide CIC)	Employee of Provide CIC Director - Albion Outlook Ltd Director - Provide Wellbeing Ltd Director - Brantree Healthcare Ltd Director - Provide Digital Ltd Director - Provide Group Ltd Director - Provide Care Solutions Ltd Director - Provide Property Ltd Director - React Homecare Ltd				25.06.2024
Salmon Sheila	Chair	Essex Partnership University Trust (EPUT)	Chair - Essex Partnership University Trust	Emeritus Professor of Health Development - Anglia Ruskin University		My son was appointed through open external competition to an 8d role in People and Culture Directorate.	06.11.2024
Sitch Tania	Non-Executive Director	Provide Community Interest Company (Provide CIC)	Employee of Provide CIC Director - React Director - Provide Care Solutions	Trustee - Thurrock Community and Voluntary Services (CVS)			30.05.2024
Stapleton Michelle	System Integrated Care Pathway Director	Mid and south essex Foundation Trust	NIL	NIL	NIL	NIL	20.11.2024
Taylor Eileen	Chair	North East London Foundation Trust (NELFT)	Chair - East London Foundation Trust (ELFT) Non-Executive Director & Senior Independent Director - MUFG Securities EMEA Plc Chair - North East London ICS Mental Health Learning Disability and Autism Committee				05.06.2024
Wightman Lucy	CEO Provide Health & Group Chief Nurse	Provide Community Interest Company (Provide CIC)	Employee of Provide CIC	Honarary Professorship - University of Essex Member - Health Council at Reform (Health Think Tank) Fellow - Faculty of Public Health Member - UK Public Health Register (UKPHR) Member - Nursing and Midwifery Council (NMC) Member - Royal College of Nursing (RCN)			03.09.2024
Wilson James	Collaborative Lead Director	Hosted by Essex Partnership University Trust (EPUT) on behalf of our Mid and South Essex Community Collaborative	Employee of EPUT	Trustee - Hamelin Trust	Wife is a finance business partner at Essex County Council	Brother is a partner at PWC Consultancy	06.06.2024

3. MINUTES OF MEETING 28TH NOVEMBER 2024

Standing item | Robert Parkinson | 11.02am (1min)

REFERENCES

Only PDFs are attached

- Joint MSECC Part 1 Minutes 28.11.2024 v2.pdf
- Joint MSECC Part 2 Minutes 28.11.2024 V2.pdf

DRAFT MINUTES

MSE COMMUNITY COLLABORATIVE BOARD

PART I – IN PUBLIC

28 November 2024 – 11am-12.20pm

Brentwood Community Hospital, Brentwood, Essex, CM14 8DR

Members present:		
Robert Parkinson (Chair)	RPa	Chair, Provide CIC
Bridgette Beal	BB	Director of Nursing & Allied Health Professionals, Provide CIC
Luis Canto E Castro	LCa	Lived Experience Leader
Caroline Dollery	CD	Non-Executive Director, NELFT
Judith Friedman	JF	Executive Director of Allied Health Professionals, Psychological Professions & Social Work, NELFT
Alex Green	AG	Executive Chief Operating Officer, EPUT
Sue Lees	SLe	Vice Chair, NELFT
John Lutchmiah	JL	Lived Experience Leader
Brid Johnson	BJ	Chief Operating Officer, NELFT
Siobhan Morrison	SM	Group Chief People Officer, Provide CIC
Robert Persey	RPe	Interim Executive Director for Adults & Health, Thurrock Council
Philip Richards	PR	Chief Finance Officer, Provide CIC
Michelle Stapleton	MS	System Integrated Care Pathway Director - MSEFT
Sultan Taylor	ST	Non-Executive Director, Provide CIC
James Wilson	JW	Transformation Director, MSECC
In Attendance:		
Chris Jennings (Minutes)	CJ	Assistant Trust Secretary, EPUT
Lee Chester	LCh	Associate Director of Nursing/Patient Experience - NELFT
Jo Debenham	JD	Associate Director, Engagement & Workforce, MSECC
Moira McGrath	MM	Director Adult Social Care, Essex County Council
Stephanie McNichol	SM	People Participation Lead, MSECC
Candice Robinson	CR	Communications Manager, MSECC
Sarah Little	SLi	Head of Virtual Frailty Wards, MSECC
Caroline Finch (Observing)	CF	Head of Allied Health Professionals, Hertfordshire

		Partnership Foundation Trust
Apologies:		
Anna Davey		Deputy Medical Director for Engagement, MSEICB
Dan Doherty		Mid Essex Alliance Director, MSE ICS
Mark Harvey		Executive Director of Adult Social Services, Southend City Council
Wellington Makala		Executive Chief Nursing Officer, NELFT
Nick Presmeg		Executive Director of Adult Social Services, Essex County Council (MM deputising)
Sheila Salmon		Chair, EPUT (SL deputising)
Tania Sitch		Vice Chair, Provide CIC (ST deputising)
Eileen Taylor		Chair, NELFT
Lucy Wightman		CEO, Provide Health

Formalities and Administration	
1.	**Welcome and Introductions**
	RPa welcomed everyone to the meeting. The Committee gave a round of introductions for any new members of the Committee present.
2.	**Declarations of Interest**
	The Committee reviewed the Declarations of Interest log and no new declarations were made.
3.	**Minutes of the Meeting held on 26 September 2024**
	The minutes of the meeting held on the 26 September 2024 were agreed as an accurate record.
4.	**Action Log from the Meeting held on 26 September 2024**
	The action from the meeting held on the 26 September 2024 was reviewed and the following updates provided: • **Action 95:** A report for a review of Risk Management was included on the agenda for today's meeting. • **Action 109 and 111:** The Committee agreed that the updated progress provided closed the actions. All other actions had been completed.
5.	**Matters Arising from Previous Minutes**
	None.
Collaborative Update	
6.	**MSE Community Collaborative Report**
	JW presented a report providing an overview of progress, key strategic areas and highlights to set the context for proceeding items on the agenda. JW highlighted the following: • There had been progress with the ambition to "deliver value". There had been a good cross organisational session held to discuss the ambition of the collaborative and a further session was due to be held focus on the alignment between organisations. • The organisational development programme for Partnership Director and Assistant Director level has has its final session and this has provided an opportunity to support our leaders on the large scale cultural change that accompanies working as a collaborative There has been a strong a focus on urgent care and looking at discharge to utilise all available capacity and reduce average length of stay. • There was a reflection on some of the areas of success, including highlighting

	our work on health inequalities and cardiovascular disease. • at the national NHS Providers conference Questions and Discussions • The Committee agreed for the Neighbourhood Teams as a future agenda item. This was a good example of supporting acute demand as part of the strategy and showing the alignment for the future remit of the collaborative. **The Committee received and noted the report.** **Action:** **1. Include Neighbourhood Teams as a future agenda item for the Committee. (JW)**
7.	**Service User Case Study – Virtual Wards**
	SLi delivered a presentation, highlighting the following: • The recent Getting It Right First Time (GIRFT) review and positive feedback received from the national review team. The common reasons patients access the service (Step-Up or Step-Down) with circa 5000 patients accessing the service. • The development of an acuity tool to understand which patients would likely be on an acute ward if not being supported by the virtual ward service. • Key outcome data for the service. • How the service was designed around the needs of the patients, rather than developing a service and fitting patients into it. • Case studies providing examples of positive end of life care at home and the impact the service has on carers for individuals who would likely have been on an acute ward if not for accessing the service. Questions & Discussions • The Committee congratulated SLi on the service as a good example of best practice. • The Committee noted the positive impact on patients that are able to have continuing care at home, rather than needing admission to an acute hospital, which can include multiple ward changes throughout a patient journey. • In answer to a query regarding how friends and family are involved, SLi advised a carers assessment is completed to understand what support is needed and there is work with family members for anyone accessing the service. • The Committee discussed a need to understand the longer-term outcomes for patients when measuring the success of the service. There was often a focus on short-term outcomes, such as staying out of hospital, rather than longer term positive outcomes for the patients and cost savings for the system. It was these longer term outcomes that needed to be articulated to help secure future funding. • The Committee discussed the need to raise the profile of the service given its success. The Committee proposed working with the collaborative communication function to promote the service, being clear on the audience to ensure the right level of detail is shared. • In answer to a query as to whether there was geographical equity in accessing the service, SLi advised the service was provided across Mid & South Essex, working with the acute and urgent care providers. • The Committee discussed the importance of having common priorities across the system to help change the care models and differences between geographical footprints..

	Action: **1. Develop a communication plan to promote the Virtual Ward service with key stakeholders / public (SLi / CR)** **SLi left the meeting at this point.**
Strategy & Transformation	
8.	**Strategic Priority Update: Reducing Demand on Acute Service Provision**
	JW presented a report providing assurance in relation to one of the four strategic priorities for the collaborative regarding how the collaborative is impacting on the capacity required in the acute sector. JW highlighted the following: • Value and Impact Reporting • System Flow and Winter Response, including the building of relationships to help respond to winter pressures. • Virtual Ward Optimisation • Community Beds and Stroke Beds, including the transfer of care hubs having a positive impact. • The challenge of building on the success of virtual wards to evolve the service and build on areas where national expectations are not being met. <u>Questions and Discussions</u> • The Committee discussed the impact on winter pressures of respiratory illnesses and the further work required to optimise the respiratory virtual ward service. This should be taken forward as part of strategic planning of the future of virtual wards, and also to understand what the collaborative can do to support respiratory hubs. This could demonstrate the power of the collaborative to step-into leadership groups when needed. • The Committee discussed the importance of following-up with people for immunisations, which has had a good impact with people being vaccinated. This is an example of a proactive approach to winter pressures. There was an update provided that immunisations may be commissioned on a regional level going forward, which would create some risk at a local level. • The Committee discussed the importance of ensuring outcome measures, such as occupied bed days, should be used in discussion with finance commissioners to ensure there is a similar understanding of outcome measures. This would ensure that funding is secured from a strategic view, rather than individually as it becomes available. **The Committee received and noted the report.**
9.	**Service User Priorities**
	JD, LCh and SH delivered a presentation providing an update on the model of ensuring lived experience is at the heart of decisions and priorities for the collaborative. The presentation highlighted the following: • Progress against key milestones, including patient leadership (Milestone 1), illustrated by having two lived experience members on the Committee. • Patient Related Experience Measures (Milestone 2), including the development of the Friends and Family Test / I Want Great Care to ensure questions are aligned. • Healthwatch Engagement Strategy (Milestone 3), which was on track and a further update would be provided on the strategic next steps. • Examples were provided of activities undertaken, such as a health event at the Lakeside Shopping Centre and Braintree Village Community Days. • There was an emphasis on ensuring Patient Partners / Lived Experience Ambassadors are part of leadership roles and working to go out into the community, rather than expecting people to come to a central place.

	Questions and Discussions • In answer to a query, SH considered the biggest challenge for ensuring there is the patient voice is the longevity. The question was when engaging with local groups, is what the collaborative wishes to do with the patient voice once it is provided. If the collaborative wishes to sustain the patient voice, it needs to demonstrate that the patient / local voice is important, even when the specific area is not considered a high priority area. • The Committee discussed the limited resources available and the importance maximising local communities without duplicating. • The Committee discussed how unseen service users are being brought back into services through health inequalities work and available data. The Committee agreed that data should be provided back to the community, which may help provide context for the services being provided. **The Committee received and noted the assurance given around patient engagement and involvement within the report.** **LCh and SH left the meeting at this point.**
Assurance	
10.	**Accountability Framework**
	AG presented a report providing assurance on the work of the collaborative and a summary of key discussions from the Accountability Framework meeting in November. AG highlighted the following areas of escalation: • Community Paediatric Waits • GIRFT Report reviewing the Virtual Wards • Financial Challenges • Inconsistent attendance at the Committee by domain leads. Questions and Discussions • The Committee discussed domain leads not presenting reports at the Joint Committee, thereby not taking full ownership of the areas discussed at the AF meeting. The Committee discussed utilising time at the AF meeting as a development opportunity to encourage leads to develop and present reports. **Action:** **1. Functional leads to present their respective reports on the Joint committee agenda in future.**
11.	**Risk Management**
	JW presented a report providing an update on the work undertaken to develop a risk log for the collaborative. JW outlined the key areas currently being taken forward to develop a shared approach to risk management: • Shared approach to risk management (including risk scoring / procedures). • Risk Appetite • Risk Tolerance • Initial identify of key risk themes. JW advised a further update would be presented in February 2025. Questions and Discussions • In answer to a query, JW advised a seminar to discuss risk appetite would be established and a date advised.

	Action: 1. **Confirm a date for risks seminar and bring back further risk update in January 2025**
12.	**Exception Reporting**
	This was covered under item 10.
Finance	
13.	**MSE Community Collaborative Finance and Efficiency Update**
	PR provided a verbal update advising financial responsibility for the collaborative had transferred to Trevor Smith, Executive Chief Finance Officer, EPUT. PR highlighted the following: • The formal contract for the collaborative was close to being signed and would allow the move into service level financial reporting. • The cost pressures conversation had been deferred, but would need to be taken forward in due course and articulate the pressures to commissioners. • The national pay award was currently having a significant impact on services as it is unfunded. • It was unlikely there would be any new funding for 2025/26 and this would be factored into the planning for next year. Questions & Discussions • The Committee discussed the impact of the unfunded pay award on primary care services, with the potential for practices to close.
Any Other Business	
14.	None.
Questions from the Public	
15.	There were no members of the public present.
Date and Time of Next Meeting: Thursday 30 January 2025, The Lodge, Lodge Approach, Wickford, Essex, SS11 7XX	

Signed ……. **Date……**
Robert Parkinson, Chair

Mid and South Essex Community Collaborative

DRAFT MINUTES

MSE COMMUNITY COLLABORATIVE BOARD

PART II – IN PRIVATE

28 November 2024 – 12:20pm-13.00pm

Brentwood Community Hospital, Brentwood, Essex, CM14 8DR

Members present:		
Robert Parkinson (Chair)	RPa	Chair, Provide CIC
Bridgette Beal	BB	Director of Nursing & Allied Health Professionals, Provide CIC
Luis Canto E Castro	LCa	Lived Experience Leader
Caroline Dollery	CD	Non-Executive Director, NELFT
Judith Friedman	JF	Executive Director of Allied Health Professionals, Psychological Professions & Social Work, NELFT
Alex Green	AG	Executive Chief Operating Officer, EPUT
Sue Lees	SL	Vice Chair, NELFT
John Lutchmiah	JL	Lived Experience Leader
Brid Johnson	BJ	Chief Operating Officer, NELFT
Siobhan Morrison	SM	Group Chief People Officer, Provide CIC
Robert Persey	RPe	Interim Executive Director for Adults & Health, Thurrock Council
Philip Richards	PR	Chief Finance Officer, Provide CIC
Michelle Stapleton	MS	System Integrated Care Pathway Director - MSEFT
Sultan Taylor	ST	Non-Executive Director, Provide CIC
James Wilson	JW	Transformation Director, MSECC
In Attendance:		
Chris Jennings (Minutes)		Assistant Trust Secretary, EPUT
Moira McGrath	MM	Director Adult Social Care, Essex County Council
Caroline Finch (Observing)		Head of Allied Health Professionals, Hertfordshire Partnership Foundation Trust
Apologies:		
Anna Davey		Deputy Medical Director for Engagement, MSEICB
Dan Doherty		Mid Essex Alliance Director, MSE ICS
Mark Harvey		Executive Director of Adult Social Services, Southend City Council

Wellington Makala		Executive Chief Nursing Officer, NELFT
Nick Presmeg		Executive Director of Adult Social Services, Essex County Council (MM deputising)
Sheila Salmon		Chair, EPUT (SL deputising)
Tania Sitch		Vice Chair, Provide CIC (ST deputising)
Eileen Taylor		Chair, NELFT
Lucy Wightman		CEO, Provide Health

Formalities and Administration	
1.	**Welcome and Apologies for Absence**
	RPa welcomed everyone to Part 2 of the meeting and noted apologies.
2.	**Declarations of Interest**
	None
3.	**Minutes of the Meeting held on 26 September 2024**
	The minutes of the meeting held on 26 September 2024 were agreed as an accurate record.
Substantive Items	
4.	**Commissioning Intentions Response**
	JW presented a report providing a response to the MSE ICB commissioning intentions for 2024/25. The Committee were asked to note and endorse the response as detailed in the report. <u>Questions & Discussions</u> • The Committee agreed the response was good and would allow earlier planning to take place once submitted. The Committee discussed being able to evidence the work of the collaborative, to help influence commissioning intentions and funding going forward. • JW advised the original intention of the collaborative was to take full commissioning responsibility, but this changed over time. The Committee discussed having an understanding of how far it wished to go and being able to articulate that to the ICB. • The Committee discussed the importance of ensuring the third sector is supported going forward, as this can have a significant impact on the work of the collaborative. **The Committee noted and endorsed the commissioning intention response as detailed in the report.**
5.	**Governance Update**
	PR presented a report providing an update on the governance arrangements in relation to the Joint Committee. The report detailed the original intention of the Joint Committee to have the three provider organisations making decisions about NHS services via a scheme of delegation, in line with the NHS Act. This was in line with Section 65Z5 of the NHS Act, where Provide CIC was identified as "(e) any other body as may be prescribed" Subsequent legal advice has confirmed that Provide CIC as a Community Interest Committee (CIC) could not be a member of a Joint Committee as it did not fit with the definition as provided in the NHS Act. The two options were to: • Exclude Provide CIC and continue as a Joint Committee. • Revert to a Committee in Common.

	Neither of the options achieved the full ambition of fully delegated collaborative governance collaborative, but a decision would need to be made as the Committee could not make decisions in its current form. JW advised the intention of the Joint Committee was to be able to make decisions relating to the collaborative, without the need to go back into the decision-making processes for each organisation, which reduced time and duplication. Theaim is to keep as true to this principle as possible, within the bounds of the current leglisaltion. Questions and Discussions • The Committee agreed for further discussions to take place outside of the meeting to finalise options amnd and that this should be put on the agenda for the next committee d. including reviewing membership options.
Any Other Business	
6.	None.
Date and Time of Next Meeting: Thursday 30 January 2025, The Lodge, Lodge Approach, Wickford, Essex, SS11 7XX	

Signed ……. **Date……**
Robert Parkinson, Chair

4. ACTION LOG FOLLOWING 28TH NOVEMBER 2024

Standing item | Robert Parkinson | 11.03am (1min)

REFERENCES

Only PDFs are attached

Action Log - MSECC Joint Committee - updated AHEAD of mtg on 30.01.2025 (1).pdf

Mid and South Essex Community Collaborative Joint Committee
Open Actions

Action Number	Board Date	Agenda Item	Action	Owner	Due date for completion	Open/Closed	Comments
95	20.03.2024	Risk Review	SEE to work with CCLT to refresh this in the context of the new contract and bring back to board.	~~Simon Evans-Evans~~ Chris Jennings	~~04.06.2024~~ ~~25.07.2024~~ ~~26.09.2024~~ 28.11.2024	OPEN	To come to July Board. 25.07.2024 - SE-E updated that pulling together risks from the 3 partner organisations is taking loger than expected and gave assurance that this will be completed and presented to the next Joint Committee meeting in September 2024. 26.09.2024 - Governance lead has now left NELFT, update on the agenda regarding risk. Chris Jennings has been helping to work through this to bring oversight of risk together across the 3 organisations. Chris updated that there are regular meetings in diaries to look at individual risk policies to find similarities. Work in progress. A joint risk register to be presented at November Meeting. **27.11.2024 - Confirm a date for risks seminar and bring back further risk update in March 2025.**
115	27.11.2024	MSE Community Collaborative Report	Include Neighbourhood Teams as a future agenda item for the Joint Committee.	James Wilson	30.01.2025	OPEN	On agenda 30.01.25. Action closed.
116	27.11.2024	Service User Case Study - Virtual Wards	Develop a communication plan to promote the Virtual Ward service with key stakeholders	Sarah Little Candice Robinson	30.01.2025	OPEN	UPDATE: Comms have linked in with Sarah Little and virtual wards clinicians to refresh a communications plan for 2025. Two videos are available for virtual wards and can be shared: For referrers For public
117	27.11.2024	Accountability Framework	Functional leads to present their respective reports on the Joint Committee agenda in future.	All leads	30.01.2025	OPEN	Annotated on the agenda.

5. MATTERS ARISING FROM PREVIOUS MINUTES

Standing item | Robert Parkinson | 11.04am (1min)

6. MSE COMMUNITY COLLABORATIVE UPDATE REPORT

Standing item | James Wilson | 11.05am (10mins)

REFERENCES

Only PDFs are attached

Collaobrative Update Report Jan 25 final.pdf

Mid and South Essex Community Collaborative (MSECC)

Joint Committee

Meeting	Mid and South Essex Community Collaborative Joint Committee
Subject	Collaborative Update report
Date of Meeting	30th January 2025
Agenda Item	6.
Author	James Wilson, Lead Director, MSECC
Approved by Responsible Lead	James Wilson, Lead Director, MSECC

For Decision	For Assurance	For Information
☐	☐	☒

Purpose

To give an overview of progress, key strategic areas for the board to be aware of and key highlights to set the context for the proceeding board items.

The Joint Committee is asked to:

The Joint Committee is asked to note the contents of the report.

Forums where content has been previously discussed

MSE Community Collaborative Executive Team ☒
MSE Community Collaborative Strategy & Transformation ☒
MSE Community Collaborative Core Leadership Team ☒
MSE Community Collaborative Joint Clinical Oversight Group ☒
MSE Community Collaborative Finance Workstream ☒
Other ☐ Please specify:

Link to MSECC Strategic Priorities

Strategic Priority/ Contractual priority	IMPROVE *(Work together to optimise and drive consistent delivery of community services, reducing inequalities)*	INTEGRATE *(With wider partners, facilitate community physical and mental health services integration with developing neighbourhood models at place)*	INNOVATE *(Take a lead role within the system to develop and deliver innovative models of care and use of technology)*
Creating an integrated delivery environment and culture	☒	☒	☒
Building healthier and resilient communities	☒	☒	☒
Supporting more people at home (directly impacting on capacity required in acute sector)	☒	☒	☒
Productivity and cost improvement	☒	☒	☒

Are there any risks in the report that need to be noted, escalated on the risk register or added to the Board Assurance Framework?

None

Glossary for acronyms in report (if any)

MSE Joint Committee: Overview Dec-Jan 2025

As we start the New Year we have seen a positive impact in how the Collaborative has supported the system over the festive period. Our continued delivery on a significantly improved length of stay for our community wards alongside improved utilisation of our virtual ward capacity has enabled good flow. A big thank you to all the teams who have worked over the festive period.

I am pleased to note we are shortly commencing a review to explore how we optimise the therapeutic input into our Community wards. This work supported by Xyla is looking at tracking the therapeutic input and outcomes from the moment a patient is admitted in a hospital setting through to their discharge home.

We have now held two workshops on our Focus for the future. The workshops in November and December reinforced the commitment to the original vision and overarching outcomes we sought to achieve by working as a Collaborative. Subsequently we have supported at the Collaborative Executive Team meeting the proposals for how we integrate both leadership and delivery models for Community Beds, Children and Young People, Wheelchairs and Adult Speech and Language services. We have also supported the design work to commence for the move to a single operational structure.

Following on from the case study at our last Joint Committee on Virtual Hospitals, work is now underway on an outline business case for the move to a single Virtual Hospital model that brings together the clinical expertise across both acute and community. This exciting evolution of the virtual ward model gives a great opportunity to support more people at home. As part of the model evolution we are currently developing IV functionality within the Frailty Virtual Ward and Urgent Community Response Teams. Staff have now been trained and are currently working with Mid and South Essex Foundation Trust (MSEFT) on getting their competencies signed off.

I had the opportunity at the start of January to meet the flow coordinators team based at Southend hospital. The positive work the team are doing there as part of the Transfer of Care Hub (TOCH) model for South East Essex was impressive. The team are proactively identifying patients who could be effectively supported in the community rather than be admitted into hospital. The TOCH leadership group I chair on behalf of the system is shortly to commence its evaluation of all the TOCH models, giving a great opportunity to learn around how we evolve the future model and build in examples of best practice, as I observed in South East.

Committee members will see within the papers good progress is now being made by our Finance Workstream with an emerging service line reporting model now being shared, that when fully validated will allow us for the first time to truly see the spend vs budget across our service lines as a Collaborative.

It was great to have some focused time at our January Strategy and Transformation meeting on Diabetes and Community Nursing. In particular the work led by Ryan Cossington-Webb on the development of a system business case for hybrid closed loop deployment is a great example of system leadership from within the Collaborative.

At the same meeting we noted how our Cardiovascular Disease (CVD) work programme has now gone live following the development of our MSECC Community Blood Pressure guidance and hypertension training. This includes attention to the risk of falls in people with Frailty as a result of hypotension. The work programme, supported by two lived experience ambassadors, will be testing the impact of our changed guidance on the early detect of CVD.

The Accountability Framework meeting for January took place last week. One area of continued concern is the long waits for Paediatric provision. A summit was held with our Primary Care Collaborative to look at joint opportunities to improve the position. A follow up workshop with local authorities is planned to explore further the opportunities.

Planning is now underway for 2025/26 and we have support across the Collaborative for a single approach. The priorities item on the agenda picks up in more detail how we are tackling competing priorities. Linked to this, we have been inputting into the Medium Term Plan development that PA Consulting are coordinating for the Integrated Care Board (ICB). This gives great opportunity to lock in the left shift and for us to develop a true partnership with the Primary Care Collaborative around future models of long term condition care.

Health Inequalities

We are continuing to showcase the work of the Collaborative tackling health inequalities. The November MSE Health Inequalities Steering Group received a progress report from Kez Spelman and Laura Bennett, Provide's Innovation team, on the Health Inequalities van. This is a great example of how our services are collaborating together to improve community engagement with some of our community health services such as Long Covid and Respiratory using the van to reach seldom heard areas and groups such as Gypsy Roma Travellers and other core20plus areas. It is intended to bring a more formalised case study on this to a future Joint Committee.

People, Engagement and Communications

There continues to be great work on building relationships with our communities and patient groups and the Collaborative have attended a wide range of events since our last meeting including:

- Stroke Association Aspasia Patient Voice Group working on the development of our own stroke and Aspasia patient voice group
- Representation at community hub days in Braintree – despite the withdrawal of funding to the community group – the Collaborative have secured the space to reach out to communities once a month bringing relevant clinical outreach services to communities
- Joining local 'warm hubs' and 'talking hubs' to reach out to vulnerable groups and identify where further community support can help
- Presentation to the MSECC stroke group regarding patient and community engagement
- Events at Brentwood library in January for blood pressure tests and engagement
- Collaborative attendance at Shenfield Library wellness week / new library opening.

We also continue our strong relationship with Health Watch via regular meetings and are about to join their community bus events into seldom-heard areas through quarter 4.

Finally, we would like to wish our Project Manager Ellie Williams the best of luck in her new role with MSEFT working on the Electronic Patient Record (EPR) system. Ellie has made a huge contribution to the Collaborative, supporting many key project areas and overarching programme oversight. Her contributions will be missed.

7. SERVICE USER CASE STUDY - TRANSFER OF CARE HUBS (TOCH)

Information Item | Elesha Jones and Ondine Pannell | 11.15am (20mins)

8. STRATEGIC PRIORITY UPDATE: CREATING AN INTEGRATED DELIVERY ENVIRONMENT

Information Item

Mousumi Basu, Caroline McCarron, Rebecca Boyes, Rita Thakaria

Mousumi Basu, Associate Director, Integration, EPUT
Caroline McCarron, Deputy Alliance Director, MSEICB

Rebecca Boyes, Joint Partnership Director, Mid Essex

Rita Thakaria, Partnership Director, Thurrock

9. PLANNING PRIORITIES

Information Item | James Wilson | 11:55am (25mins)

REFERENCES

Only PDFs are attached

Planning Priorities MSECC Joint Committee 30.01.2025.pdf

Mid and South Essex Community Collaborative (MSECC)

Joint Committee

Meeting	Mid and South Essex Community Collaborative Joint Committee
Subject	Planning Priorities
Date of Meeting	30th January 2025
Agenda Item	9.
Author	Lianne Jongepier
Approved by Responsible Lead	James Wilson

For Decision	For Assurance	For Information
☐	☒	☒

Purpose

This paper summarises the approach for planning for 2025/26 and gives the Joint Committee opportunity to comment on the initial long list of priorities and proposed approach to finalising the areas we focus in on for our delivery and operational plans for 25/26.

The Joint Committee is asked to:

Note the intended approach and highlight any other areas to consider as part of the 25/26 priorities.

Summary of Key Points/implications:

Forums where content has been previously discussed

MSE Community Collaborative Executive Team ☒
MSE Community Collaborative Strategy & Transformation ☐
MSE Community Collaborative Core Leadership Team ☐
MSE Community Collaborative Joint Clinical Oversight Group ☐
MSE Community Collaborative Finance Workstream ☐
Other ☐ Please specify:

Link to MSECC Strategic Priorities

Strategic Priority/ Contractual priority	**IMPROVE** *(Work together to optimise and drive consistent delivery of community services, reducing inequalities)*	**INTEGRATE** *(With wider partners, facilitate community physical and mental health services integration with developing neighbourhood models at place)*	**INNOVATE** *(Take a lead role within the system to develop and deliver innovative models of care and use of technology)*
Creating an integrated delivery environment and culture	☒	☒	☒
Building healthier and resilient communities	☒	☒	☒
Supporting more people at home (directly impacting on capacity required in acute sector)	☒	☒	☒
Productivity and cost improvement	☒	☒	☒

Are there any risks in the report that need to be noted, escalated on the risk register or added to the Board Assurance Framework?
Glossary for acronyms in report (if any)
Supporting documents/ appendices that can be provided on request

Priorities for 25/26: Approach

1. Introduction

As part of the annual planning cycle for the Mid and South Essex Community Collaborative (MSECC) we have sought to balance system, organisational and contract priorities whilst delivering within the resource constraints of the contracted financial envelope. Alongside this we have been maturing our Collaborative infrastructure as a key enabler for delivery.

This paper summarises the approach for planning for 2025/26 and gives the Joint Committee opportunity to comment on the initial long list of priorities and proposed approach to finalising the areas we focus in on for our delivery and operational plans for 25/26.

2. Context: Our Vision and Strategic plan

When developing our priorities we need to consider these both in the context of our current Strategic Plan but also in the context to the external environment we are operating in.

The original vision and overarching outcomes we sought to achieve by working as a collaborative are noted below.

'A consistent and outstanding Community Health and Care service for residents across mid and south Essex'

These framed our strategic plan which we agreed in early 2024 alongside our single contract which emphasises four specific areas. Our 24/25 delivery plan was based on these areas.

Strategic Plan priorities

1. Improve
Work together to optimise and drive consistent delivery of community services, reducing inequalities

2. Integrate
With wider partners, facilitate community physical and mental health services integration with developing neighbourhood models at place

3. Innovate
Take a lead role within the system to develop and deliver innovative models of care and use of technology

Newly awarded single contract puts additional emphasis on:

- Impacting on acute care capacity
- Productivity/ Cost improvement
- Creating an integrated delivery environment
- Building resilient and healthier communities

3. Influences for 25/26 planning

In addition to the above strategic plan and contract priorities, as we look to our 25/26 plan there are a number of other influencing factors to consider. Below are some of the areas that we need to balance.

- Performance recovery priorities
- Rising Demand
- Quality performance
- 24/25 Delivery plan areas that require ongoing implementation
- ICB commissioning intentions and our strategic response
- ICB 6 month priorities
- ICB medium term plan
- National planning and Elective recovery guidance
- Bottom up service development and organisational efficiency plans
- Financial operating environment

4. Long list

Drawing together all of the current priorities we have developed an initial long list (summarised in appendix 1). This is not definitive as emerging detail in the ICB medium term plan and national planning guidance is clarified.

It is clear from the initial long list that we do not have the capacity to do all of these areas at once, and the change capacity to implement some of these areas is significant and/or requires investment. It is intended therefore to get to a smaller number of focused priorities set within the context of the aforementioned strategic plan and contract priorities.

5. Approach to finalise priorities

To support the development of a final set of priorities a prioritisation matrix tool has been developed that will help guide our relative priority based on the original outcomes of the collaborative. This tool is not definitive but will be used to help guide conversations about relative priority. We are intending to bring together key stakeholders including ICB, clinical, operations, medical and our patient leaders to participate in reviewing the current long list with a view to develop a final priorities set that we can then base the 25/26 delivery and operational plans from.

6. Next Steps

The Joint committee are asked to note the intended approach and highlight any other areas to consider as part of the 25/26 priorities.

Appendix 1: Long list priorities

	No	Priority areas for 2025/2026	Intended Outcomes	Transformational Change - OBJECTIVES	Additional non transformational change - OBJECTIVES	
Clinical Service/pathway change	1	Virtual Hospital (incl UCRT)	To optimise our Virtual Hospital (VH) capacity and usage in MSE and maximise impact on hospital admissions, whilst also reducing the length of time patients stay in hospital to free up hospital capacity for those who need it most	Design & implement Future VH integrated model	VH optimisation (incl GIRFT and Finance)	Identify efficiencies
				Implement integrated UCCH/Consultant hotline model		
				Procure and implement new VH Tech		
				Test & optimise the use of Community IV		
				Optimise the use of POCT		
	2	IMC & Stroke Beds	To optimise the recovery of patients following an episode of acute illness through the use of community and stroke beds	Support the Community Consultation outcome	IMC & Stroke bed utilisation & optimisation	
	3	Cardiovascular Disease	To improve outcomes for people with hypertension through community interventions	Implement & test the introduction of MSECC hypertension guidance, training and S1 protocol	None	
	4	Diabetes	Improve outcomes for people with Diabetes	Lead the implementation of Hybrid close loop for MSE	MSECC DM model optimisation	
			Improve system outcomes, incl NEL admissions	Support to design & implementation of integrated DM model		
	5	End of Life Care	Improve patient and system outcomes for people in the last 12 months of their lives.	Increase access and use of FrEDA	Raising specific awareness/competencies in early identification, ACP and Personalised Care through existing training	
	6	CYP	Improve outcomes for children and young people	ASD & ADHD pathway transformation	Complete roll out and evaluation of MyCareBridge	
				Design & implement single CYP offer for MSE	Improve operational performance	
	7	Community Nursing	To provide high quality, safe and timely care to those who need it	Agree and commence implementation of new spec	MSECC CN model optimisation	
	8	Stroke & ESD	To improve outcomes for people with a CVA	MSECC to standardise offer of Stroke ESD across MSE	None	
	9	Adult Speech & Language Therapy	Improve outcome, reduce WL and long waits	Implement the single MSE wide SALT model		
	10	Respiratory Care	Improve outcomes for people with respiratory illness	TBA (incl Spirometry/CDC)	MSECC Respiratory Model optimisation	
			Improve system outcomes, incl NEL admissions		Contribute to system wide programme board	
Non-Clinical Change	1	Supporting INT & TOCH Model development	To support the development of the INT and TOCH models	Expand the use of FrEDA tool across MSECC	Support INT model development	
	2	Improving primary care footfall (referral mx and prescribing, etc)	To reduce primary care avoidable activity	Expand the use of self-referrals, incl testing SRS (provide)	None	
				Expand direct referrals to MSEFT for elective and diagnostics		
	3	Digital optimisation and EPR implementation	To optimise the use of digital enablers across MSECC	TBA, incl pre EPR system one integration	MSECC Digital Working Group	
	4	Community Service model and rebalancing of resources towards community ('left shift')	To realise the 'left' shift of focus and associated resources towards community care	Programme TBC following medium term review	Further development of Value & Impact model	
	5	Estates	To reduce Estates cost across MSECC	To identify efficiencies through the optimisation of Estates opportunities across MSECC		

10. ACCOUNTABILITY FRAMEWORK INCLUDING EXCEPTION REPORTING

Standing item | Alex Green and functional leads | 12:20pm (10mins)

11. MSE COMMUNITY COLLABORATIVE FINANCE AND EFFICIENCY UPDATE

Discussion Item | Trevor Smith | 12:30pm (20mins)

REFERENCES

Only PDFs are attached

Finance and Efficiency Update.pdf

Mid and South Essex Community Collaborative

MSE Community Collaborative

Mid and South Essex Community Collaborative (MSECC)

Joint Committee

Meeting	Mid and South Essex Community Collaborative Joint Committee
Subject	MSE Community Collaborative Finance and Efficiency Update
Date of Meeting	30th January 2025
Agenda Item	11.
Author	Jenny Davis
Approved by Responsible Lead	Trevor Smith

For Decision	For Assurance	For Information
☐	☒	☒

Purpose

To update the MSECC Joint Committee on current position.

The Joint Committee is asked to:

Note the contents of the report.

Summary of Key Points/implications:

Forums where content has been previously discussed

MSE Community Collaborative Executive Team ☐
MSE Community Collaborative Strategy & Transformation ☐
MSE Community Collaborative Core Leadership Team ☐
MSE Community Collaborative Joint Clinical Oversight Group ☐
MSE Community Collaborative Finance Workstream ☒
Other ☐ Please specify:

Link to MSECC Strategic Priorities

Strategic Priority/ Contractual priority	IMPROVE *(Work together to optimise and drive consistent delivery of community services, reducing inequalities)*	INTEGRATE *(With wider partners, facilitate community physical and mental health services integration with developing neighbourhood models at place)*	INNOVATE *(Take a lead role within the system to develop and deliver innovative models of care and use of technology)*
Creating an integrated delivery environment and culture	☐	☐	☐
Building healthier and resilient communities	☐	☐	☐
Supporting more people at home (directly impacting on capacity required in acute sector)	☐	☐	☐
Productivity and cost improvement	☒	☒	☒

Are there any risks in the report that need to be noted, escalated on the risk register or added to the Board Assurance Framework?

Glossary for acronyms in report (if any)

Supporting documents/ appendices that can be provided on request

Mid and South Essex Community Collaborative

Mid and South Essex Community Collaborative

Finance Update

- ➢ Contract and sub-contract not yet signed – NELFT Safer Staffing and IMWC proposed to be resolved as a Contract Variation – MSE ICB, EPUT and Provide ready for signing
- ➢ Central Collaborative team has not been funded and therefore, is now being challenged through Vacancy control as sitting as a cost pressure across the organisations

- ✓ M7 SLR reviewed and discussed at the CFO group – agreed further refinement before wider circulation
- ✓ MSE ICB Contracts and Provider sub-contracts are drafted
- ✓ Virtual Ward Forecast consolidated and headlines shared with ICB – forecast expenditure approximately £1.5m higher than 2023/24 virtual wards
- ✓ Annual Planning finance templates agreed by CFOs

- ❖ Virtual Ward requires further work to reconcile plans and WTE, and impact of additional spend
- ❖ M8/M9 SLR being collated for validation

Virtual Ward Overview

	FOT 24/25	23/24
Frailty Virtual Ward	5.0	3.8
Respiratory Virtual Ward	1.30	1
Other Costs *	0.70	0
Subtotal Costs	**7.0**	**4.8**
Repurposed Funds **	-2.1	-2
Total Net Spend	**4.9**	**2.8**

*- Other costs include estimate for Whzan/POCT and Consultant Hotline
** - Repurposed funds is the previous Hospital at Home type service embedded in the block contracts

- Total ICB funding for virtual ward is £5.2m in 2024/25
- Significant increase in the cost base of Virtual Wards is required to understand the increased costs from 2023/24 which is £1.2m for Frailty Wards and Respiratory Virtual Ward
- Full reconciliation of pay wte and non-pay costs to be developed against plan
- Analysis as to the impact of the addition ICB investment to be undertaken – i.e. has this provided additional Virtual Ward Capacity, has there been an increased in the acuity support.
- Refresh of the baseline for Virtual Wards in the Annual Planning is required, as based on the current run rate of expenditure the £5.2m financial envelop will be exceeded in 25/26

2025/26 Operational Planning

Mid and South Essex Community Collaborative

- Agreement for the collaborative to follow the EPUT Operational Planning Process
- Financial templates shared – Cost Pressures/Service Developments & Efficiencies
- Minimum efficiency requirement of 5% required in year 2025/26
- MSECC to complete Operational planning narrative
- Considerations around capital requirements to support efficiency delivery
- Triangulation of workforce planning and activity planning required

Medium Term Plan – MSE

PA Consulting are in the process of finalising the opportunities to prioritise delivery of a sustainable financial position, with 2025/26 being the first year of delivery, these will need to align with our operational plan submission.

Operational National Planning

- Planning guidance expected imminently
- 27th February – headline submission
- 27th March – full submission
- 30th May – Contract signatures

12. QUESTIONS FROM THE PUBLIC

Discussion Item | Robert Parkinson | 12.50pm (5mins)

13. ANY OTHER BUSINESS

Standing item | Robert Parkinson | 12:55pm (5mins)

Verbal