



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



MID AND SOUTH ESSEX JOINT COMMITTEE - PART

1 - IN PUBLIC



26 September 2024



11:00 GMT+1 Europe/London



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



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AGENDA

 Tania Sitch

REFERENCES

Only PDFs are attached

 MSECC Joint Committee Agenda 26.09.24 Final.pdf

AGENDA

MID AND SOUTH ESSEX COMMUNITY COLLABORATIVE

JOINT COMMITTEE

Thursday 26th September 2024 – 11am – 12:30pm

**EPUT Trust Head Offices, The Lodge, Runwell, Wickford SS11 7XX
Training Room 1**

No.	ITEM	LEAD	REQUIREMENT	PAPERS	TIME
Formalities and Administration					
1.	Welcome and Introductions: Apologies: Mark Harvey Wellington Makala Robert Parkinson Eileen Taylor	Tania Sitch Chair	Verbal		11.00am 10 mins
2.	Declarations of Interest	Tania Sitch	Information	Attached	
3.	Minutes of meeting 25th July 2024	Tania Sitch	Decision	Attached	
4.	Action log following 25th July 2024	Tania Sitch	Information	Attached	
5.	Matters arising from previous minutes	Tania Sitch	Information	Verbal	
Collaborative Update					
6.	MSE Community Collaborative Update Report	James Wilson	Information	Attached	11.10am 10mins
7.	Service User Case Study - MyCareBridge	Michael Smith & Hannah Van Der Puije	Presentation/ Information	Attached	11.20am 20mins
Strategy & Transformation					
8.	Productivity and Efficiency Deep Dive: Accelerating Delivery of the MSECC Target Operating Model	James Wilson	Decision	Attached	11.40am 15min
Assurance					
9.	Accountability Framework & Exception Reporting	Alex Green	Information/ Discussion	Attached	11.55am 10mins
Finance					
10.	MSECC Collaborative Finance Report	Philip Richards	Assurance	Attached	12.05pm 15mins
Questions from the Public					
11.		Tania Sitch	Verbal		12.20pm 5mins
Any Other Business					
12.			Verbal		12.25pm 5mins
Future agenda items: <u>November 2024</u> Electronic Patient Record <u>January 2025</u> Review MSECC Joint Committee Membership					
Date of next meeting: Thursday 28th November 2024, 11am-1pm – To be confirmed					

Membership	
Robert Parkinson – Meeting Chair	Group Chair - Provide CIC
Luis Canto E Castro	Patient Representative
Dr Anna Davey	Deputy Medical Director for Engagement - MSEICB
Dan Doherty	Mid Essex Alliance Director - MSE ICS
Caroline Dollery	Non-Executive Director - NELFT
Simon Evans-Evans	Governance Director - NELFT
Alex Green	Executive Chief Operating Director - EPUT
Mark Harvey	Director of Adult Social Services – Southend City Council
Brid Johnson	Chief Operating Officer - NELFT
Milind Karele	Executive Medical Director - EPUT
John Lutcmiah	Patient Representative
Wellington Makala	Executive Chief Nurse - NELFT
Siobhan Morrison	Group Chief People Officer – Provide CIC
Nick Presmeg	Director of Adult Social Services – Essex County Council
Philip Richards	Chief Finance Officer - Provide
Sheila Salmon	Chair – EPUT
Tania Sitch	Non-Executive Director
Michelle Stapleton	System Integrated Care Pathway Director - MSEFT
Eileen Taylor	Chair - NELFT
Ian Wake	Director of Adult Social Services – Thurrock Council
Lucy Wightman	CEO, Provide Health
James Wilson	Transformation Director - MSECC

Invited Guests
Sharon Hall, MSE Interim Deputy Director for Children & Young People

1. WELCOME AND INTRODUCTIONS

● Standing item

👤 Tania Sitch

🕒 11.00am

Apologies are noted from:

Mark Harvey

Wellington Makala

Robert Parkinson

Eileen Taylor

2. DECLARATION OF INTEREST

● Standing item

👤 Tania Sitch

🕒 11.02am

REFERENCES

Only PDFs are attached



Declaration of Interest register 2024_25 MSECC Joint Committee (1).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				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)	Consultant Radiologist - Royal Free London NHSFT 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
Evans-Evans Simon	Director of Corporate Affairs	North East London Foundation Trust (NELFT)	Director - SEE Results (Management Consultancy)	Chair and Trustee - Asset Education (Multi Academy Trust) Trustee - James and Tristan Trust			02.01.2024
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)	Director - React Homecare Limited				05.07.2024
Parkinson Robert	Group Chair	Provide Community Interest Company (Provide CIC)		Foundation Governor - St John's School, Horsham			04.07.2024
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							
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							
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
Wake Ian							
Wightman Lucy	CEO Provide Health & Group Chief Nurse	Provide Community Interest Company (Provide CIC)	Employee of Provide CIC	Honorary 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	Director of Transformation	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 25TH JULY 2024

● Standing item


👤 Tania Sitch

🕒 11.04am

For approval.

REFERENCES

Only PDFs are attached

 Draft minutes MSECC Joint Committee 25.07.2024 appr RP (1).pdf

DRAFT MINUTES

MSE COMMUNITY COLLABORATIVE BOARD

25th July 2024 – 11am-1pm

EPUT, The Lodge, Wickford SS11 7XX – Training Room 1

In attendance:	
Rebecca Boyes (RB) on behalf of Lucy Wightman	Joint Partnership Director – Provide CIC
Luis Canto E Castro (LCEC)	Lived Experience Leader
Dr Anna Davey (AD)	Deputy Medical Director for Engagement - MSEICB
Dan Doherty (DD)	Mid Essex Alliance Director - MSE ICS
Caroline Dollery (CD)	Non-Executive Director - NELFT
Simon Evans-Evans (SEE)	Governance Director - NELFT
Brid Johnson (BJ)	Chief Operating Officer - NELFT
John Lutcmiah (JL)	Lived Experience Leader
Wellington Makala (WM)	Executive Chief Nursing Officer - NELFT
Siobhan Morrison (SM)	Group Chief People Officer – Provide CIC
Robert Parkinson (RP) – Meeting Chair	Group Chair - Provide CIC
Philip Richards (PR)	Chief Finance Officer – Provide CIC
Tania Sitch (TS)	Non-Executive Director – Provide CIC
Ian Wake (IW)	Director of Adult Social Services – Thurrock Council
James Wilson (JW)	Transformation Director – MSECC
Invited Guests:	
Chris Jennings	Assistant Trust Secretary - EPUT
Maria Madina (MM)	Chair of Multicultural Southend Women’s Association
Claire Vine (CV)	Advanced Diabetes Nurse Practitioner, Diabetes Transformation Lead MSE
Rita Thakaria (RT)	Partnership Director, Adults Health and Social Care
Clare Burns (CB)	Interim Executive Director of Partnerships - NELFT
Apologies:	
Eileen Taylor (ET)	Chair - NELFT
Alex Green (AG)	Executive Chief Operating Director - EPUT
Mark Harvey (MH)	Executive Director of Adult Social Services – Southend City Council
Milind Karele (MK)	Executive Medical Director - EPUT
Nick Presmeg (NP)	Executive Director of Adult Social Services – Essex County Council
Sheila Salmon (SS)	Chair – EPUT
Michelle Stapleton (MS)	System Integrated Care Pathway Director - MSEFT
Lucy Wightman (LW)	CEO, Provide Health
Minutes:	

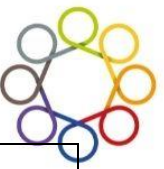
Claire McPherson (CM)

MSECC Joint Committee administration support

NO.	ITEM	ACTIONS
Formalities and Administration		
1.	<p>Welcome, Introduction and Apologies RB welcomed those present and extended a warm welcome to John Lutchmaiah to his first Joint Committee as a Lived Experience leader.</p> <p>Stuart Scrivener, a Governor at EPUT, was also welcomed as an observer to the meeting.</p>	
2.	<p>Declarations of Interest No conflicts raised in relation to today's agenda.</p> <p>It was noted that a few Declaration of Interest were outstanding and CM will make contact with those that have not submitted a declaration following this meeting.</p>	
3.	<p>Minutes of meeting 4th June 2024 The minutes of the previous meeting, held on 4th June 2024 were accepted and agreed as an accurate recording of the meeting.</p>	
4.	<p>Action Log following 4th June 2024 Updates were given on open actions and updated on the action log: Only 1 open action on the action log.</p> <p>Action 95 – Risk Review – SE-E updated that pulling together risks from the 3 partner organisations is taking longer than expected and gave assurance that this will be completed and presented to the next Joint Committee meeting in September.</p>	
5.	<p>Matters arising from previous minutes None.</p>	
Collaborative Update		
6.	<p>MSE Community Collaborative update report JW talked through the highlights of his report.</p> <ul style="list-style-type: none"> • Good transition to the Joint Committee being a meeting in public and we are working on the advertising of this. • The report makes mention to the first Accountability Framework meeting which is bringing together 5 domains: Quality and safety; Operational performance; Workforce and culture; Finance; and Strategy, transformation and external relations. This will help to reinforce moving to a single governance approach. • The first iteration of how we are demonstrating the value and impact of community services is on today's agenda. This is gathering regional and national interest and will become a key data set for us and the wider system. • Progress around transformation. One of the contract priorities was to look at improving health and resilience and a focus on Cardiovascular Disease (CVD). • Integrated Neighbourhood Teams (INT). This work has been reset and are working with alliance partners to understand where we can add value. <p>JW highlighted that the single contract with the ICB is still outstanding signature, predominantly around agreement of finances. We have a series of meetings planned to work through the points of difference. The impact is we will need</p>	



	<p>significant efficiencies delivered for both system benefit and total cost envelope. The finance paper on the agenda describes the financial position in more detail.</p> <ul style="list-style-type: none"> • There has been work going on around People, with a review of the workforce sharing agreements, giving staff the permission/ability to work on behalf of each organisation, with learning seminars for staff. • James welcomed our two Lived Experience Leaders and it is great to meet in person. <p><u>Questions</u> No questions were raised, but it was agreed by all that we need to focus on the effectiveness of the Mid and South Essex Community Collaborative (MSECC) to improve outcomes.</p>	
<p>7.</p>	<p>Service User Case Study – Diabetes Service Presented by Maria Madina (MM), Chair of the Multicultural Southend Women’s Association.</p> <p>Maria Madina (MM) was welcomed to the meeting. MM introduced herself and informed the committee that in addition to her work with the Multicultural Southend Women’s Association she is a diabetes service user and is currently working as a Community Engagement & Partnerships Officer with NHS Basildon & Brentwood Alliance.</p> <p>MM talked through the slide deck and invited questions.</p> <p>Brid Johnson (BJ) asked if there were any messages for us from today, what should we do differently? MM responded that she is in a unique situation, working as a public servant and has the ability to mix personal and professional life which is somewhat unique. MM gave an example that through her work with the Multicultural Association she has good links with the Jewish Orthodox Society and learnt that they use different words to talk about sexual health and she had to learn that. Another is lived experience and training.</p> <p>LCEC commented around importance of engaging with patients directly and finding out what would work for them. From LCEC’s experience, his challenge is the assumption that he is at home all the time and health care professionals visit for appointments without calling ahead and therefore have to reschedule. Effective communication is key.</p> <p>It was commented that we have to cater for different communities.</p> <p>TS commented that the co-production work really came across, and is there anything that Claire Vine needs from the MSECC?</p> <p>MM responded: 1) data sharing and 2) venues.</p> <p>Claire Vine (CV), BSC/MSC Advanced Diabetes Nurse Practitioner, Diabetes Transformation Lead MSE joined the meeting.</p> <p>Anna Davey (AD) commented that this work is a good example of Integrated Neighbourhood working and CV agreed that we are working in that way.</p>	



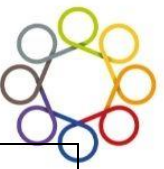
	<p>It was commented that we need to teach professionals this way of working and to be faith curious.</p> <p>Clare Burns (CB) commented that we pump priming for this project to build a new model and will pick up with Rebecca Boyes (RB).</p> <p>Ian Wake (IW) made the comment that firstly, if you start with people you build relationships and solutions. Secondly, we need to be comfortable in rolling out variation as generally speaking, we aim to standardise. Thirdly, we need to resource the infrastructure continually. This can't be something we do once as a pilot, we need to ensure that we resource this as business as usual.</p> <p>John Lutchmiah made comment that we need to recognise that autism, faith, gender, ADHD etc. are all aspects of health and we all need an understanding of this.</p> <p>MM and CV were thanks for their time today and left the meeting.</p>	
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Strategy & Transformation

<p>8.</p>	<p>Building resilient and healthier communities – Progress on Cardiovascular Disease</p> <p>Presented by Rita Thakaria, Partnership Director – Adults Health and Social Care (Thurrock Council/EPUT/NELFT)</p> <p>Rita Thakaria (RT) introduced herself and informed the Joint Committee that this is one of our priorities as agreed with the ICB, supporting prevention in terms of Cardiovascular Disease (CVD) progression. The MSECC are looking at this as a focus area however we need to be mindful and think about where we will have maximum impact and is about supporting early detection around CVD.</p> <p>RT talked through the slide deck.</p> <p>RT commented that she is proud of this programme but the question is what is the impact the MSECC can have, we need to move forward with our partnerships rather than just something that MSECC can do alone.</p> <p>BJ commented that the Integrated Neighbourhood Teams (INT) would help us see that we all have to make every contact count.</p> <p>IW said that he has done some work around this in Thurrock, it's the development of staff, not just a task and to make the most of every visit and the development of staff to open their arms to do this. RT responded that currently this is a step before that, where would we have the biggest opportunity around training and development to make it business as usual so that it doesn't become an add-on.</p> <p>After further conversation around patient contact, James Wilson (JW) commented that we have over 50K of face to face contacts made by our District Nurses every month and we need to work through where we can add value and support. We may be able to make an impact above and beyond what we are already doing. JW said we would commit to support within our existing resource.</p>	
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	<p>In summary, RT said that she is currently working through as a group which team we focus on and will come back with more data. RT added that she doesn't need anything from this group as currently making change and will use learnings from Thurrock.</p> <p>RT was thanks and stayed for the remainder of the meeting.</p>	
<p>9.</p>	<p>Impact of community services: Creating a new data set for community Presented by James Wilson (JW).</p> <p>JW informed that this is the culmination of a number of conversations on how to demonstrate the impact of what we are doing for community services, as referenced in the Collaborative update report earlier on the agenda.</p> <p>JW mentioned that he spoke to the national policy lead yesterday and the emerging thinking resonates with where we think we are going.</p> <p>The paper was taken as read which brings together a data set to start to use in conversations around the impact we are having.</p> <ul style="list-style-type: none"> • We have used a simple calculator to translate the face to face contacts our district nurses are having into an occupied bed day number. We have done the same for our Virtual Wards, for example our Frailty Virtual Ward on average has saved 13.5% on bed days. • The reason for choosing occupied bed days is to start to describe the impact through a single measure that people understand. • Bringing to the Joint Committee today for information but looking for support to continue with a refined methodology to come back here. • With regards to timescale, the version within the pack is the first published version. This will not be a static document and following conversations with regional colleagues planned for next week, will lock down a working version with ongoing iterations. <p><u>Questions</u></p> <p>BJ commented that when reading the occupied bed days, somehow we need to overlay what difference we are making in the wider system otherwise all we are doing is adding in more activity.</p> <p>Tania Sitch (TS) ask if there is an opportunity to know in x days that they (patients) haven't gone back to the hospital as follow up is really important. TS also commented that this doesn't catch other data, such as prevention.</p> <p>JW responded that this isn't the whole data set, it's specific purpose is to articulate the value and impact to enable different conversations. We do measure readmissions and we have the Accountability Framework that tracks KPIs and indicators. The purpose of this is to start conversations around face to face visits.</p> <p>Simon Evans-Evans (SE-E) said it's really useful and we need buy-in from national that this is a valid methodology to demonstrate the value of community health services. A few simple agreed data sets like this will be useful.</p>	



	<p>CB made comment that this doesn't express outpatients and having spoken to JW about this previously, have included Bartell score.</p> <p>Anna Davey (AD) said that we need to talk about the impact, in as much that elderly patients rely on support from GP and community. We have an increasing elderly/frail population and we are working harder but that's to keep pack with increase and demand. AD asked what is our maximum capacity of our Virtual Ward and how much more could be delivered through this Virtual Ward model, is there a ceiling? AD mentioned that as a GP, her biggest frustration with UCRT is that they can't provide social care.</p> <p>JW responded that our Virtual Ward is running at capacity. The ask of this paper is to start providing evidence that what we are doing is making a significant impact. JW has already had conversations with social care colleagues and is keen to explore primary care and develop a bigger pack to demonstrate community in its biggest sense.</p> <p>Following further conversation, JW added that there is a specific project to improve capacity in our Respiratory Virtual Ward.</p>	
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Assurance

<p>9.</p>	<p>Accountability Framework Implementation Presented by Graeme Jones, Director, Vaughan Jones Ltd Graeme Jones (GJ) joined the meeting virtual via Microsoft Teams.</p> <p>GJ highlighted the following points:</p> <ul style="list-style-type: none"> • GJ has been working for a number of months to bring together the Accountability Framework. • Sessions were held in May and June with leads from the 5 different domains (as mentioned in the Collaborative update report earlier on the agenda). • Professional networks have all agreed their KPIs. • The first meeting was held last week with strong progress across operational performance, workforce and culture and transformation. Still a way to go with quality and safety due to lack of representation but information has progressed. • Due to the delay in getting the contract signed has resulted in delays to some of the work around transformation, transparency and sharing. • Lack of progress in aggregating the risk register. The key next step is having a risk register that covers all the domains, with key risks and mitigations. • The Accountability Framework has good engagement from ICB and they will use this as their vehicle to get assurance. <p><u>Escalations:</u></p> <ul style="list-style-type: none"> • The Community Paediatric waits and lack of a clear plan to manage demand and reduce the number of long waits. • The lack of a signed contract and issues over financial alignment between the Collaborative and the ICB. • The lack of an aggregated risk register and progress towards one. <p>In future the Accountability Framework meetings will inform and report to the Joint Committee. ACTION: Accountability Framework assurance report to be circulated to Joint Committee members once finalised.</p>	
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	<p><u>Escalation:</u> JW escalated that there was no quality & safety representation at the Accountability Framework meeting held last week or at today's Joint Committee.</p> <p>BJ commented that Gill Burns (Children's Services Director Essex and Kent) has raised children's and how are we avoiding duplication? JW responded that he will respond outside of this meeting. ACTION: JW to pick up with BJ and Gill Burns about how we are avoiding duplication.</p>	
11.	<p>Exception Reporting Noted above.</p>	
Finance		
12.	<p>MSE Community Collaborative: Finance Report Presented by Philip Richards (PR), MSECC Finance Lead</p> <p>PR highlighted the following from his report:</p> <ul style="list-style-type: none"> • We still don't have a signed contract and are being scrutinised by regional on this. • Have made some progress but there remains an issue around the position on convergence and cost pressures. • There is a clear indication that efficiency requirements will be higher than anticipated and had a conversation at CCLT to reduce direct costs. This is a risk to the MSECC. <p>A conversation took place around if EPUT should be leading on the finance workstream for the MSECC. It was agreed that we (the 3 partner organisations) are equal partners and we have been clear that the lead contract is just a vehicle. PR agreed to progress this conversation with partner organisations and the ICB and report back. ACTION: PR to progress conversations regarding the finance lead for the MSECC transferring to EPUT and report back.</p> <p>A conversation took place around the efficiency requirements. The ask is to do what we are doing (Virtual Wards, reducing length of stay in Stroke and Intermediate Care Beds) and more, e.g. the Cardiovascular programme for a significantly reduced sum of money. We will have to make challenging decisions if we are to meet the 5.5% efficiency ask.</p> <p>JW informed that there is work taking place to ensure we have understood where work areas are delivering efficiencies and are being tracked correctly alongside understanding what organisations are already doing (bank and agency/estates) and also getting finance colleagues together to look at other opportunities. A report will come back to a future Joint Committee.</p> <p>It was highlighted that timelines on this is important and need to work quickly and agreed that this will need time dedicated to a longer conversation at the next Joint Committee in September. ACTION: Agenda item on efficiency requirements to be added to September's Joint Committee agenda.</p>	
Questions from the Public		
13.	No members of the public were present.	



	<p>Stuart Scrivener, a Governor at EPUT observed this meeting and made the following comment via email: "Was good to attend the meeting today, no questions from me, but I was pleased to hear some good things including "upskilling, learning and co-production". Having seen presentations before on virtual wards and a shiny picture being painted I've got some questions to ask to learn more about the challenges around them. I'll be sharing some thoughts with my EPUT colleagues and will hopefully attend your next meeting."</p>	
<p>14.</p>	<p>Any other business Future Joint Committee Portal Overview Chris Jennings (CJ) explained that EPUT use a board portal, run by TeamEngine, to share papers with members.</p> <ul style="list-style-type: none"> • Members of the Joint Committee would be issued with an account where they can read, annotate and/or share on any device. • Will have the ability to download and print. • Papers would not be circulated via email. <p>After discussion around accessibility security and cost, the Joint Committee agreed that there is an appetite for this.</p> <p>CJ informed that the next step would be for accounts to be set up and will be used for the next meeting in September. ACTION: Portal to be used to share Joint Committee papers commencing September 2024.</p> <p>The meeting closed at 1pm.</p>	
<p>Date of next meeting: Thursday 26th September, 11am-1pm, The Lodge, Trust Head Office, St Lukes Way, Runwell, Wickford SS11 7XX – Training Room 1</p>		

Signed
 Robert Parkinson, Chair

Date.....

4. ACTION LOG FOLLOWING 25TH JULY 2024

● Standing item

👤 Tania Sitch

🕒 11.06am

REFERENCES

Only PDFs are attached



#4. Joint MSECC Committee Action Log 19.09.2024.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	04.06.2024 25.07.2024 26.09.2024	OPEN	To come to July Board. 25.07.2024 - SE-E updated that pulling together risks from the 3 partner organisations is taking longer 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

Number	Board Date	Agenda Item	Action	Owner	Start Date	Due date for completion	Open/ Closed	Comments
2	20th April 2021		To commence use of a separate Action Log	JW	28-Apr	27-May	Complete / Closed	
3	20th April 2021		JW to maintain a rolling watch and to report in May upon the implications of "Greater Essex" to the Collaborative	JW	28-Apr	27-May	Complete / Closed	
4	27th May 2021		JW to consider the "what-if" scenarios and "Greater Essex" implications and to be able to update the June meeting	JW	27-May	24-Jun	Complete / Closed	
5	27th May 2021		JW would update the June meeting on his conversations with his counterparts and the outcomes of his preparatory side conversations with key players	JW	27-May	24-Jun	Complete / Closed	
6	24th June 2021		MC agreed to coordinate ICB talks with the medical centres	MC	24-Jun	29-Jul	Complete / Closed	
8	24th June 2021		Commissioner Approaches to develop approach - Update for July Board	JW	24-Jun	29-Jul	Complete / Closed	
9	24th June 2021		MC agreed to coordinate ICB talks with the medical centres	JW	24-Jun	29-Jul	Complete / Closed	
10	24th June 2021		Commissioner Approaches to develop approach - Update for July Board	JW	24-Jun	29-Jul	Complete / Closed	
11	24th June 2021		Integration at Place level - JW to bring to the July Board a more formalised suggestion as to how the place-based issues and solutions could be addressed, as informed by the CEOs	JW	24-Jun	29-Jul	Complete / Closed	
13	9th August 2021		Community Collaborative Governance: The continuing work was endorsed. A July update was welcomed, and the decisions to be made would come to the Sovereign Board	LM	24-Jun	29-Jul	Complete / Closed	
14	9th August 2021		JW to provide update of outcomes of CEO discussions and workstream progress since previous meeting	JW	09-Aug	30-Sep	Complete / Closed	
15	9th August 2021		Develop dashboard with Board Data and KPIs	JW	09-Aug	30-Sep	Complete / Closed	
17	30th September 2021		Manage the process and preparation for bringing to the Sovereign Board the approval of the Collaborative Board Terms of Reference, delegation of authority and transition to decision matrix status	JW	09-Aug	30-Sep	Complete / Closed	
18	30th September 2021		Lighthouse proposal evaluation to be brought back to November Board following evaluation from clinical, finance and operational teams.	JW	30-Sep	3rd Nov	Complete / Closed	On agenda - Close
19	30th September 2021		Discussion on NELFT membership of Board to be picked up offline between JW, DS and JP	JW	30-Sep	3rd Nov	Complete / Closed	Agreement reached to have Caroline Abum in dual role with Milind Kharle as Medical Director representative - Close
20	3 November 2021	Declarations of Interest	JW to bring a supporting paper setting out the key Collaborative priorities	JW	30-Sep	3rd Nov	Complete / Closed	On agenda - Close
21	3 November 2021	Transformation Update	MM to work on a declaration of interests form to be included in the minutes	MM/LJ	03/11/2021	29/11/2021	CLOSED	On Agenda
22	3 November 2021	Strategic Priorities for next 12 months	JW to distribute the Health Overview and Scrutiny Committee (HOSC) paper to Board members	JW	03/11/2021	25/11/2021	CLOSED	Sent
23	3 November 2021	Strategic Priorities for next 12 months	Priority 2 to be articulated differently for patient and social care voice	JW	03/11/2021	26/11/2021	CLOSED	Reflection in update on agenda
24	3 November 2021	Strategic Priorities for next 12 months	Priority 3 to become an enabler	JW	03/11/2021	26/11/2021	CLOSED	Reflection in update on agenda
25	3 November 2021	Strategic Priorities for next 12 months	New Priority to include water and staffing	JW	03/11/2021	26/11/2021	CLOSED	Reflection in update on agenda
26	3 November 2021	Strategic Priorities for next 12 months	JW to update the Strategic Priorities and include description on how they will be achieved with key resources/cheap and measures for signing off at the 21 November 2021 Board meeting - JW to distribute the paper prior to the meeting	JW	03/11/2021	26/11/2021	CLOSED	Reflected in update on agenda
27	3 November 2021	Strategic Priorities for next 12 months	MM to ensure the agenda items noted in the acceptance letter for the Lighthouse proposal and the acceptance letter is to be distributed to the Board	JW	03/11/2021	26/11/2021	CLOSED	Letter sent
28	25 November 2021	Declarations of Interest	LM to ensure AM and SS are included in the declarations of interest	LM	24/11/2021	17/12/2021	CLOSED	Completed
29	25 November 2021	Matters arising from previous minutes	LM to ensure the December Board meeting is virtual	LJ	24/11/2021	30/11/2021	CLOSED	Completed
30	25 November 2021	Transformation Director's Update	JW to bring a key stakeholder map to the Board	JW	24/11/2021	30/11/2021	CLOSED	Included with Agenda Papers - Completed
31	25 November 2021	Delivery of the Board Strategic Priorities	LM to look at venue for January Board meeting and include lunch	LJ	24/11/2021	17/12/2021	CLOSED	Completed
32	25 November 2021	Any Other Business	MM to ask for a standing agenda item at SLEG to update on the MSE Community Collaborative	MM	24/11/2021	17/12/2021	CLOSED	Completed
33	25 November 2021	Delivery of the Board Strategic Priorities	MM to bring the Partnership Board governance flow chart to MSE Collaborative Board meeting in February 2022	JW	24/11/2021	24/01/2022	CLOSED	Suggested closure as this is being scheduled for February meeting by JW
34	20 January 2022	Partners Approach	SD to bring the Partnership Board governance flow chart to MSE Collaborative Board meeting in February 2022	SD	20/11/2021	24/01/2022	CLOSED	Sent out prior to meeting via email
35	20 January 2022	Partners Approach	SD to bring the Partnership Board Terms of Reference to the MSE Collaborative Board meeting in February 2022	SD	20/11/2021	24/01/2022	CLOSED	Sent out prior to meeting via email
36	20 January 2022	Partners Approach	JW to ensure Option 3 is covered by AM for his guidance	JW	20/11/2021	24/01/2022	CLOSED	Completed
37	20 January 2022	AOB - Risk	LM to bring Board Assurance Framework to February 2022 Board meeting	LM	20/11/2021	24/01/2022	CLOSED	Paper shared with February Agenda
38	20 January 2022	AOB	DL to organise a conversation with SUFF regarding the chasing of the Collaborative Board after March 2022	DL	20/11/2021	24/01/2022	CLOSED	Completed
39	20 January 2022	Key Performance Indicators	JW to arrange a smaller working group with AM to ensure the ask of the Board regarding KPIs	JW	21/11/2021	24/01/2022	CLOSED	Work in progress - bring back for March Board - on Agenda
40	24 February 2022	Declarations of Interest	JW to arrange a smaller working group with AM to ensure the ask of the Board regarding KPIs	LJ	24/01/2022	24/01/2022	CLOSED	Completed
41	24 February 2022	MSE FT Strategic Objectives	LM to obtain Baseline Document from CW and send to Board members	LM	24/01/2022	24/01/2022	CLOSED	Completed
42	3 March 2022	Key Performance Indicators	PR to work with the Finance sub group on reporting to the Board	PR	31/12/2021	28/01/2022	Closed	April '22 Update - Finance group has discussed this and proposed reporting to come to May Board
43	28 April 2022	Declarations of Interest	Update the register for the next meeting in respect to adding Mark, Friend and Gilbert George	DG	28/04/2022	26/05/2022	Closed	May '22 Update - Declarations of interest register updated.
44	28 April 2022	Transformation Director Update	CCLT terms of reference to be brought back for approval	GG	28/04/2022	26/05/2022	Closed	May '22 Update - Terms of reference have been drafted and reviewed by the CCLT
45	26.05.2022	Corporate Risk Register	To arrange a collaborative Board seminar session to review the risk register and discuss risk appetite	SE			Closed	26.09 - Paper on agenda.
46	20.09.2022	Collaborative Overview	MM to be invited to attend CCLT going forward	JW	25.11.2022	Close		MM is now invited to future CCLT meetings
47	20.09.2022	Collaborative Overview	SS and JW attended JCP on 18.11	SS	16.11.2022	Close		SS and JW attended JCP on 18.11
48	20.09.2022	Collaborative Overview	SDa to share with the board Newton Europe's rapid evaluation of virtual wards.	SDa	30.09.2022	Close		Shared via email on 14.10.22
49	20.09.2022	Collaborative Overview	JW and PR to pull together a summative statement of investments so far.	JW	25.11.2022	Close		Information to write: 'Our Journey to date' paper in board pack
50	20.09.2022	Collaborative Overview	AGDEL to contact Moira McElraith at ECC to present an integrated joint solution.	AGDEL	25.11.2022	Close		Meeting arranged with ECC
51	20.09.2022	Governance Update	JW to contact Mutual Ventures (Matt Carter) with a view to them facilitating the work with the NEDs	JW	Mid-October 2022	Close		Meeting to update NEDs held 22/11 MC facilitated
52	20.09.2022	Governance Update	CCLT to review the top 7 risks for the MSECC and allocate a named owner for each risk and bring back to Board in November.	SEE	25.11.2022	Close		Completed and on agenda
53	20.09.2022	Governance Update	BI development plan is being incorporated into proposals for Data hub which is being taken to CCLT in November.					BI development plan is being incorporated into proposals for Data hub which is being taken to CCLT in November.
41	28.04.2022	Transformation Director Update	CCLT to consider and bring back an outline BI development plan	JW	Now	Close		28.09 - The BI plan will go via CCLT. Depending on the outcomes of conversations it may not need to come back to board.
56	25.11.22	7 - Progress update against Board Milestones	To invite Anthony McKeever to observe January's board meeting	MH	26.01.2023	CLOSED		AM has been invited by MH
57	25.11.22	7 - Progress update against Board Milestones	JW to look at bringing forward CCLT development session	JW	ASAP	CLOSED		On agenda. Action agreed
54	25.11.22	4 - Action Log - NEDs lookin	To be re-scheduled for February 2023.	JW	26.01.2023	CLOSED 01.02.23		New date of Wednesday 07th March. On agenda for risk on 01.02.23
55	25.11.22	6 - Collaborative Update Report	Minutes of the MSECC to be presented to board in January	PR	26.01.2023	CLOSED 01.02.23		On agenda for risk on 01.02.23
58	25.11.22	10 - Our Journey Ahead - Envision the Future Strategy	Subordinate Strategy to be brought back to March Board	JW	30.03.2023	CLOSED		Strategy plan on agenda
59	01.02.23	7 - Contract Update and Future Ambition	JW to draft response letter to AM for CEOs to sign and send to AM by end of this week.	JW	03.02.2023	CLOSED		Response letter sent to AM 07.02.23
61	01.02.23	6 - Future Strategy - Data Venues	PS and JVR to review with respective finance colleagues how to unlock finances.	PS/JVR	30.03.2023	CLOSED		Finance agreed between Executive Finance Director
62	01.02.03	6 - Future Strategy - Contractual discussions/board development	JW to discuss with CEO colleagues the process for contractual discussions, not fires, ambition setting, board development	JW	30.03.2023	CLOSED		Individual meetings being held with each Executive team supported by independent facilitator and joint Executive to Executive meeting being held in April to ensure alignment
60	01.02.23	2 - Declarations of Interest	CM to update the DoI to reflect change in Chair for both NELFT and Provide	CM	25.05.2023	COMPLETE/CLOSED		CM to update the DoI to reflect that RP is no longer Chair of Ormiston Families
63	30.03.23	3 - Minutes of risk on 1st February 2023	CM to circulate the minutes of 1st February 2023 via email for comment and ratification at May's board meeting	CM	25.05.2023	COMPLETE/CLOSED		On agenda for ratification 25.05.23
64	30.03.2023	6 - ICS efficiency saving	JW to produce a paper briefing on opportunities from ICB efficiencies follow up meetings	JW	25.05.2023	COMPLETE/CLOSED		On agenda 25.05.23
65	30.03.2023	7 - Memorandum of Understanding with System	JW will adjust the wording off the back of the conversation at Board, track changes and re-circulate to Board members.	JW	25.05.2023	COMPLETE/CLOSED		Circulated to Board members via email on 13.04.23
66	30.03.2023	8 - ICB system efficiencies	All system efficiencies to be added to May's board agenda.	JW/CM	25.05.2023	COMPLETE/CLOSED		On agenda 25.05.23
67	30.03.2023	9 - Outline strategic plan and engagement approach	The Outline strategic plan and engagement approach to come back to May's board for final approval	JW	25.05.2023	COMPLETE/CLOSED		On agenda 25.05.23
69	30.03.2023	11 - Risk Overview	Provider Selection Response to be added to the register	JW	25.05.2023	COMPLETE/CLOSED		On agenda 25.05.23
70	30.03.2023	11 - Risk Overview	Provider Selection Response to be added to the register	JW	25.05.2023	COMPLETE/CLOSED		On agenda 25.05.23
71	26.05.2023	18 - ICB structure	Final risk of ICB cost reduction to be documented	SM	25.05.2023	COMPLETE/CLOSED		On agenda 25.05.23
71	26.05.2023	18 - ICB structure	JW to draft formal response to the ICB structure, with input from CEOs and CCLT - Board members to have sight beforehand	JW	19.07.2023	CLOSED		Complete. Closed.

72	25.05.2023	08 - Efficiencies	The Board to be kept sighted as efficiency work progresses.	JW	Ongoing	CLOSED	13.07.23 - On agenda. Action closed.
73	25.05.2023	09 - Delivery Plan	JW to make the agreed amendments to the Delivery Plan.	JW	19.07.2023	CLOSED	Complete. Tracked via TFS.
74	25.05.2023	10 - Risk Overview	S Dave to pick up with Natalie Hammon/Angela Wade around how we articulate the IFC risks.	S Dave	19.07.2023	CLOSED	Complete. Closed.
78	19.07.2023	6 - Collaborative Update - Strategic Plan	September's Board meeting to have agenda item on benefits, narrative and impact drawing this out from Strategic Plan to enable focus for future Board meetings.	JW	22.09.2023	CLOSED	On agenda. Close action.
79	19.07.2023	7 - Stroke stewardship	Stroke stewardship hosting to go back to CEO forum to highlight blockages.	Sda	22.09.2023	CLOSED	Update. Follow-up discussions have been held with Charlotte Williams.
80	19.07.2023	8 - Contract Transition	Timetable for contract transition to focus on October 23 for having more formalised agreement with ICB and draft documentation in place.	JW	22.09.2023	CLOSED	On agenda. Closed.
81	19.07.2023	10 - Delegation Models	Letter to be drafted to Mac from ET in new chair highlighting areas we need approval and timetable as collectively commit to.	JW	22.09.2023	CLOSED	Completed and board signed.
82	19.07.2023	10 - Delegation Models	AG, Sda, Sda and JW to meet with Moorhouse Consulting to discuss collaborative model and opportunities.	JW	22.09.2023	CLOSED	Regular dialogue with Moorhouse as part of Community Capacity and Discharge and flow work. Good understanding from Moorhouse of the Collaborative model. Closed.
83	19.07.2023	10 - Delegation Models	Sub-committee delegation model proposal to be worked up with ICB.	JW/SD	22.09.2023	CLOSED	Work underway. Update within contract transition update on agenda. Closed.
84	19.07.2023	10 - Delegation Models	Governance workstream is tasked with drafting 1 & 2 (see minutes) for bringing back in September 23.	SE-E	22.09.2023	CLOSED	Work underway. Update within contract transition update on agenda. Closed.
68	30.03.2023	10 - Innovator Site Status	JW to approach Jeff Stanke to arrange attendance at May or June's ICP meeting to give an update on the programme.	JW	Sep-23	CLOSED 22.11.23	Issue ICP meeting request from ICP Chair.
75	19.07.2023	6 - Collaborative Update	Mike Thorne to be invited to attend a future Board meeting.	JW	22.09.2023	OPEN 22.11.23	WJ unable to perform Board mtg dates. Mtg arranged with ET, MT, and others.
76	19.07.2023	6 - Collaborative Update	JW to discuss with LA DASS x 3 around future attendance at Board.	JW	22.09.2023	CLOSED 22.11.23	JW has met with DASS. Update within board papers. Close action.
77	19.07.2023	6 - Collaborative Update	PC to arrange a meeting between our Chairs, CEOs and Matthew Hopkins, MSEFT CEO.	PC	22.09.2023	CLOSED 22.11.23	PC's next morning meeting is in the process of being arranged.
85	22.11.2023	Patient voice	To add an item on patient stories to the agenda of future board meetings.	JW	17.01.2024	CLOSED	On agenda. Action closed.
87	22.11.2023	Contract Transition update	To set up an extended board strategic development session for January 17th 2024. JW to start work on drawing up a scope proposal for the meeting, feed back to board members for approval and further development of the agenda.	JW	17.01.2024	CLOSED	Completed. Action closed.
88	22.11.2023	Collaborative Governance Review	To include a discussion on collaborative governance at the January 2024 Board strategic development session.	JW	17.01.2024	CLOSED	Completed. Action closed.
86	22.11.2023	Local Authority attendance at Board	Session to be set up in springtime with LA colleagues to explore alignment and future ways of working.	JW	Spring 2024	CLOSED	Complete. Attendance now includes LA members.
89	20.03.2024	Engagement with District Councils	JW to brief the Board on interactions with the District Councils	JW	04.06.2024	CLOSED	Briefings via partnership structures within Alliance.
90	20.03.2024	MSE Primary Care Collaborative	Arms Dawley to be invited to the next MSECC board meeting.	JW	04.06.2024	CLOSED	Complete.
91	20.03.2024	Service user ambassador - Louise	To be invited to a future board meeting.	CM	2024	CLOSED	Complete.
92	20.03.2024	Contract Transition	JW to confirm when the decision will be published by the ICB and to confirm if the 8-day standstill period is working days or calendar days.	JW	25.03.2024	CLOSED	Contract awarded.
93	20.03.2024	Meeting membership	Add review of membership to forward plan for January 2025	CM	04.06.2024	CLOSED	
94	20.03.2024	Electronic Patient Record	Arrange an EPR meeting to include board members as appropriate to look at further implications.	JW	04.06.2024 25.07.2024	CLOSED	To be arranged at appropriate point in programme implementation. Added to forward plan for November 2024 mtg. Close action.
96	04.06.2024	Terms of Reference	Point 20 - remove word 'as and when required' At the invitation of the Community Collaborative Board, the following individuals will be in attendance as and when required?	SEE	25.07.2024	CLOSED	Amended TOR included within the July papers.
97	04.06.2024	Terms of Reference	Clarify wording to differentiate between the 'contracted parties' and the partners invited to attend the joint committee.	SEE	25.07.2024	CLOSED	Amended TOR included within the July papers.
98	04.06.2024	Terms of Reference	Point 20 - Membership of the DASS (x3) to include 'or its deputy'.	SEE	25.07.2024	CLOSED	Amended TOR included within the July papers.
99	04.06.2024	Terms of Reference	PROBEE will re-draft to reflect comments received relating to actions 96, 97&98 and robust with partners and will also pick up on comments around the most appropriate term for patient leadership with User Input.	SEE/PR	25.07.2024	CLOSED	Amended TOR included within the July papers.

Decision log of the Mid and South Essex Community Collaborative Board

Meeting Date	Subject	Decision
17.01.24	Pre-Consultation Business Case (PCBC)	The MSECC board gave their support to the PCBC and ICB sign-off was noted as the next stage.
20.03.24	SystemOne Integration	The MSECC board agree to continue the work on SystemOne integration across the collaborative as previously agreed.
04.06.24	Delivery Plan 24/25	The Delivery Plan 24/25 was approved by the Joint Committee to be tracked via CCLT.

5. MATTERS ARISING FROM PREVIOUS MINUTES

● Standing item

👤 Tania Sitch

🕒 11.08am

6. MSE COMMUNITY COLLABORATIVE UPDATE REPORT

● Standing item

👤 James Wilson

🕒 11.10am

REFERENCES

Only PDFs are attached

 #6. MSE Collaborative Update Report 19.09.2024.pdf

Mid and South Essex Community Collaborative (MSECC)

Joint Committee

Meeting	Mid and South Essex Community Collaborative Joint Committee		
Subject	MSE Community Collaborative Update Report		
Date of Meeting	26 th September 2024		
Agenda Item	6		
Author	James Wilson, Lead Director, MSECC		
Approved by Responsible Lead	James Wilson, Lead Director, MSECC		
For Decision	For Assurance	For Information	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/> MSE Community Collaborative Strategy & Transformation <input checked="" type="checkbox"/> MSE Community Collaborative Core Leadership Team <input checked="" type="checkbox"/> MSE Community Collaborative Joint Clinical Oversight Group <input checked="" type="checkbox"/> MSE Community Collaborative Finance Workstream <input checked="" type="checkbox"/> Other <input type="checkbox"/> Please specify:			
Link to MSECC Strategic Priorities			
Strategic Priority/ Contractual priority	IMPROVE <i>(Work together to optimise and drive consistent delivery of community services, reducing inequalities)</i>	INTEGRATE <i>(With wider partners, facilitate community physical and mental health services integration with developing neighbourhood models at place)</i>	INNOVATE <i>(Take a lead role within the system to develop and deliver innovative models of care and use of technology)</i>
Creating an integrated delivery environment and culture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Building healthier and resilient communities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supporting more people at home (directly impacting on capacity required in acute sector)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Productivity and cost improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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)

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MSE Joint Committee: Overview July 2024

The summer period has brought about a significant focus on how the Collaborative responds to the financial challenge of the new contracting envelope and the wider system pressure. The Collaborative is well placed to meet this challenge having built the trust, relationships and invested in significant transformation to improve our current community service offer.

There has been a renewed commitment from the Collaborative Executive, supported by the three provider Chief Executives to accelerate the collaborative target operating model in response to the challenges we face. There is a detailed item on the agenda that picks up the steps that have been undertaken to meet this challenge and looks for sign off from the Joint Committee to the approach.

Leadership and Delivery

Work continues on the Community services Value & Impact report. This is looking at how we better articulate the impact and value of community services as part of an effective and sustainable health & Care system. We are now leading a cross provider working group to continue to evolve this work. The importance of this has been further emphasised in light of the recent 'Independent Investigation of the NHS' (Darzi report).

We continue to support the system financial recovery. Progress is being made in our delivery against the trajectories for improved length of stay in our Stroke and Intermediate care beds. This follows the continued efforts of a task and finish group and the completion of a number of rapid tactical actions to improve referral and discharge processes.

The collaborative team has been working alongside the ICB team in reviewing the outcomes from the Consultation on the Community and Stroke beds. The workforce element of the ICB community beds consultation has been overseen directly by a collaborative workforce sub-group. Unfortunately there is a further 6 month delay on the final decision making whilst an independently chaired working group considers this further.

Our virtual wards continue to be well occupied with specific improvements for our Respiratory Virtual Ward occupancy. We are shortly due to have a national GIRFT (Getting it right first time) review which will help benchmark our current service offer and outline opportunities for further improvement.

I am pleased to note the MSECC MyCareBridge Autism and ADHD referral portal launched successfully and is now live for use by referrers and families. A specific item is on the agenda today to highlight the coproduction work that has led to this development.

We have participated over the summer a review of the work of our Integrated Neighbourhood Team (INT) development. An action plan is jointly being developed with Alliance leads on how we can further mature our integrated team offer.

Our Estates workstream are progressing to map our collective Estates opportunities, with the aim to publish their recommendations for Estates rationalisation in November. This is an important part of our financial efficiency programme.

The CVD programme has come to the end of the intervention design phase and is soon ready to introduce an MSECC Community Blood Pressure guidance. The delivery team is working alongside system colleagues and UCLP to design a training package as well as a SystemOne protocol in support

Work has now progressed between the ICB and Collaborative team to finalise the financial detail of the new contract. We have now agreed a value for the contract and the finance item on the agenda outlines the implications for our collective efficiency and productivity work.

It should be noted as part of finalising the contract we have worked with the ICB to agree the future commissioning intent for a number of non-recurrently funded community services. Although at the time of this report being prepared we are awaiting formal confirmation from the ICB, the impact of this is a reduction of 1.5% (2.17M).

People, Engagement and Communications

Our organisational development programmes continue and our Level 1 Partnership Programme completed in September with Level 2 due to complete in December. We hope to run a combined close off and reflection session with wider leaders on 3rd December. Learning from outcomes continues with the re-instatement of a peer space for collaborative leaders in early October.

We met our front line district nurses in our bi-monthly engagement session, which centred on support for district nurses' discharging patients and some joint work, which is taking place across the collaborative to review visits, and discharges to ensure nurses are supported to make decisions on patients.

We will be attending the South East Co-production conference in October as part of the refresh of our own collaborative Patient Engagement Framework. We have gained significant momentum in this area with examples of direct co-production within our Virtual Wards, Stroke, transfer of care hubs, frailty and heart failure services.

Our targeted communications work also continues with particular focus on support for our key transformation programmes and with a particular focus on how we support our staff and target communications to our patients. For example we have supported the promotion of two sessions for young people aged between 16-19 with diabetes living across mid and south Essex and coordinated the soft launch of the new online portal for new referrals to children and young people's autism and ADHD services across MSE.

Health Inequalities

For the first time this year, the collaborative is participating collectively in the Equality Delivery System reporting for Domain 1 Patient Access. This involves partners taking a lead on a jointly commissioned service – seeking engagement and views from stakeholders on patient experience and developing actions to improve. This year South East are leading on Diabetes and South West are leading on Heart Failure. After some local engagement, there will be a system wide engagement event on 17th October, which the collaborative will be hosting at EPUT HQ.

Hello and Goodbye

We welcomed Sharon Hall to our collaborative as Interim Deputy Director of Children Young Peoples Services and said thank you and goodbye to Sarah Barnes – Director of Children and Young People who completed a fixed term tenure. We are exceptionally grateful for her work and input and in particular the development of the ASD Portal.

7. SERVICE USER CASE STUDY - MYCAREBRIDGE

● Information Item

👤 Michael Smith & Hannah Van Der Puije

🕒 11.20am

REFERENCES

Only PDFs are attached

 MyCareBridge Presentation 19.09.2024.pdf



MyCareBridge

Children and Young People's Autism
& ADHD Referral Portal

**Update to MSECC Joint Committee
September 2024**

Executive Summary

- **MyCareBridge is a newly launched (27th August 2024) referral portal for all children and young people's Autism and ADHD referrals in Mid and South Essex, which creates better service user experience and streamlined administrative processes on this busy pathway.**



- This referral pathway is complex as it requires inputs in the form of reports from families and professionals to that so our teams can make a clinically sound decision on the best next steps for the child or young person.
- This portal is a central point of co-ordination for all these documents; it automates requests for information, and provides live visibility of referral status for families as well as a single point for them to access supportive information while they wait.
- This is a brand new, innovative tool that our collaborative teams have designed and shaped alongside family stakeholders, with development supported by our digital partner Provide Digital.
- This presentation gives an overview of the drivers for this work, what we have delivered and how, and the anticipated benefits of this work.

What problems were we addressing?

Long waits on the ASD & ADHD Assessment pathway

There is a significant backlog of children and young people waiting as well as increasing numbers of referrals coming in to services. We needed to consider how we could optimise our pathways in this challenging context.

Families do not feel they get good access to information on how to support their child

Families told us that they want improved access to information both before and after diagnosis, to help them support their child.

Poor family experience of pathway

Family feedback told us that sometimes families find what to expect from the autism and ADHD pathway unclear, in terms of information about what will happen when. They tell us that they do not always get clear information about the status of their referral. This also has an impact on our services as our admin teams receive many contacts from families seeking updates.

Aligning with national best practice guidance

Operational guidance for ASD diagnostic pathway released by NHS England in 2023 makes it clear that services need to ensure referral processes are transparent and easy to navigate for users. Current feedback from our service users tells us that we need to do more to achieve this standard for our local families.

How did we collaborate to design the portal?

We delivered MyCareBridge by bringing together the expertise of clinicians, families, operational managers, subject matter experts (e.g. information governance and communication leads) and our product development partner, Provide Digital.

MSECC
Transformation
Steering Group

MyCareBridge
Mobilisation
Group

Membership: Heads of Children's Services for each collaborative provider, communications lead, information governance lead, Provide Digital managing director, Provide Digital chief technical officer, Provide Digital product manager, MSECC Associate Director Children's Services, MSECC Project Manager

Role in project: Leading on design of portal requirements, oversight of development progress, operational implementation planning, communications planning, review of information governance compliance

Clinical Reference
Group

Membership: Consultant Paediatricians from each provider, speech and language therapists from each provider
Role in project: Ensuring compliance with clinical best practice (including NICE guidance), designing portal clinical content

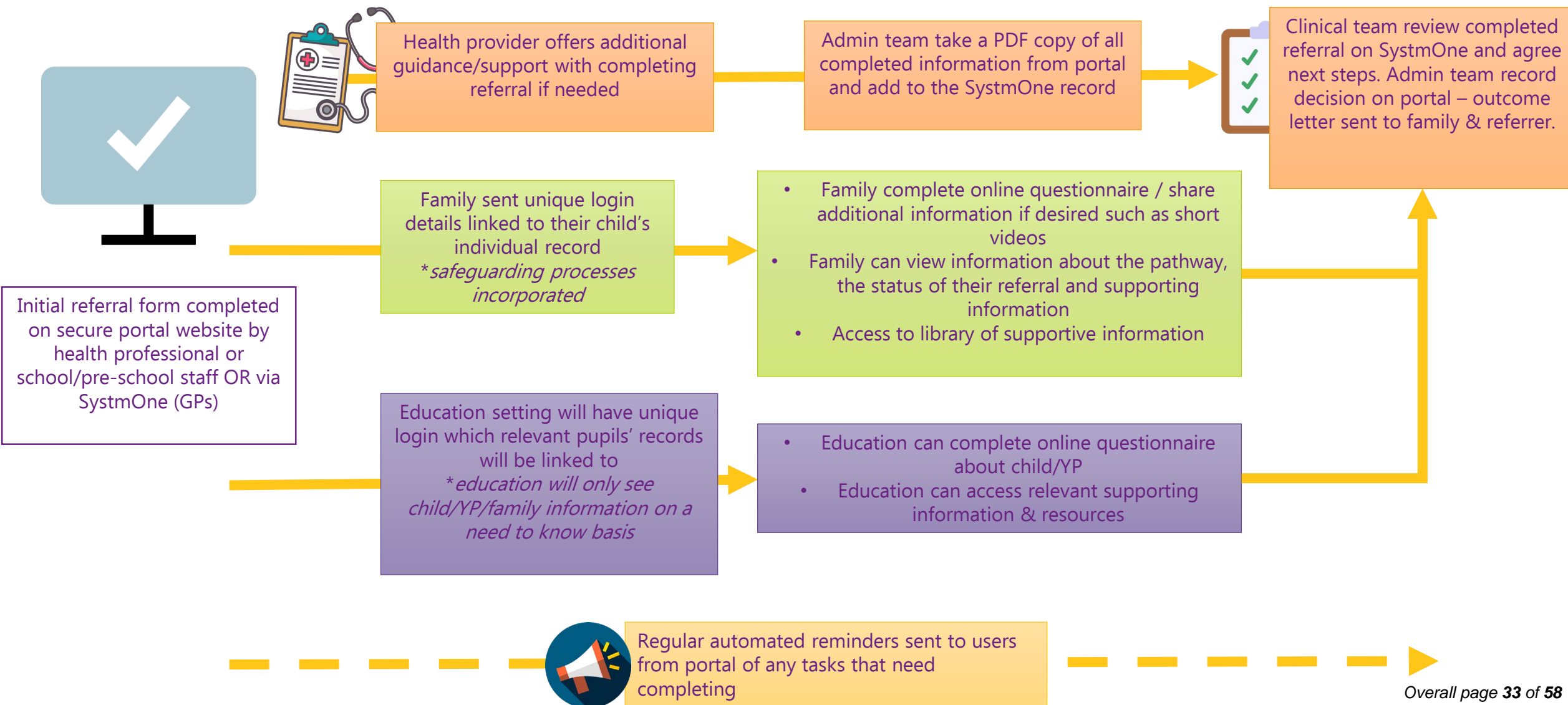
Family Reference
Group

Membership: SEND family forum representatives
Role in project: Identifying family requirements from a portal, reviewing portal materials for usability and accessibility for families

Family involvement

- ✓ **Family input into design:** A family reference group has worked alongside us throughout the portal development. The members of the family reference group have parent/carer leadership roles in a number of our local SEND family forums, and they have shared information with and gathered feedback from their wider family forum networks throughout the process.
- ✓ **Working with families to understand what they need for a better referral experience:** At the start of the process, our project team reviewed existing feedback from families that has been captured across our area in recent years to understand the challenges that families face. Our family reference group also supported us by gathering feedback from wider family stakeholders about what they would ideally want to see featured in a referral portal, which we have reviewed and acted on wherever this has been possible to accommodate.
- ✓ **Family reviews of content:** Family representatives have reviewed all parent/carer facing materials in the portal, such as acceptance/rejection letters, email notifications from the portal and parent questionnaires to ensure it is user-friendly, easy to understand and helpful to families.
- ✓ **Family & schools testing:** Families were of the portal testing process, where we will capture further feedback on what we have developed – they accessed a test version of the portal and fed back on their experiences of using it.

How does the portal work?



MyCareBridge Active Referrals Ellie Admin Williams
ellie.williams19@nhs.net

Search... ADD NEW REFERRAL

#	Referral ID	Patient Name	Created Date	Patient DOB	NHS Number	Pathway Status	Next Milestone	Action
03	6O75WN	Mickey Mouse	04/06/2024	01/01/2016	123 123 4123	Referral Received	Education Report	...
04	BJ2ESD	Mickey Mouse	31/05/2024	01/12/2015	123 123 4123	Referral Received	Education Report	...
05	XPJ8OK	Mickey Mouse	31/05/2024	01/11/2015	123 123 4123	Referral Received	Education Report	...
06	4R9MBH	Mickey Mouse	31/05/2024	01/10/2015	123 123 4123	Parent Report	Education Report	...

Example login screen for parents/carers

MyCareBridge Parent Login

Email
Enter email

Password
Enter password

[Forgot Password ?](#)

LOGIN

POWERED BY provide digital

Example overview of all active referrals for admin teams

MyCareBridge Dashboard Resources **Referral Overview** Ellie Williams
ellie.williams678@gmail.com

Patient Name: TestChild Williams DOB: 22/08/2016 Gender: Female NHS Number: 123-123-4123

1. Referral Received 2. Educational Setting Report Received 3. Parent/Carer Report Received 4. Ready For Clinical Review 5. Outcome Agreed

Overview Education Setting Parent / Carer Report Documents My Tasks Messages Clinical Review

1. Parent/Carer Details

Name: Ellie Williams

Email: ellie.williams678@gmail.com

Contact Number: 01234123123

2. Education Setting Details

Education Name: MCB Test School 1

Contact Person: EllieSchool Williams

Contact Email: elliemeller@gmail.com

Contact Number: 11155555555

Address: London Road, Chelmsford

Example overview of a referral for parent/carers

Benefits of MyCareBridge

We believe MyCareBridge will have a positive impact on our identified challenges in the following ways:

Long waits on the ASD & ADHD Assessment pathway

Setting our services in a strong position for the next step – Autism and ADHD Pathway transformation

- All our MSECC services now have common referral criteria, and a common route in for referrals and standard referral documentation. Processes have been made more efficient to manage.
- This is a strong foundation which will enable us to accelerate our next phase of transformation which will be a full scale pathway redesign.

Clinically safer waits

- MyCareBridge introduces a 'red flag' functionality, where information which may be of urgent clinical concern in a referral is automatically escalated to the attention of our teams, rather than waiting for the referral to be triaged for this to be picked up. This allows us to manage the risk of our current long wait position more safely.

Poor family experience of pathway

Families have access to the portal, making the referral process more transparent and interactive. Families can see up to date information in one place about:

- Confirmation that their referral has been received
- What they can expect from the referral process, step-by-step
- What actions (if any) they need to take next (e.g. completing questionnaires)
- What information (if any) services are still waiting for from other sources, such as schools

Lack of supportive information

All supporting information for families is in one place on the portal, linking to our local SEND offers, incorporating guidance, videos, and links to local and national support they can access while they are waiting

Alignment with national best practice

MSE will be a leader in implementing the recommendations of NHSE guidance, by harnessing technology to create a transparent referral process designed to support families and be clear to navigate. Our approach is innovative, and we are not aware of any similar systems supporting NHS autism pathways elsewhere.

What next?

Engaging with users to optimise use

- Members of our clinical teams will be taking part in numerous engagement opportunities over the coming weeks with health professionals, education professionals and family groups, to promote uptake of the portal and ensure our stakeholders have confidence in the change.

Evaluating and improving

- Launch huddles are taking place with internal teams three times a week to identify issues and improvements and rapidly resolve these,.
- We will be collecting data and feedback for an initial 3 month post-launch rapid evaluation, with more in-depth evaluations to follow at 6 months and 1 year post launch.

Building on our work through full scale pathway transformation

- We know that tackling the challenge of rapidly rising demand for our services requires a new, innovative approach.
- Our children's services teams will build on our strong working relationships and our achievements so far to deliver full pathway redesign for autism and ADHD, supported by our newly appointed Community Collaborative Deputy Director of Children & Young People's Services.



8. PRODUCTIVITY AND EFFICIENCY DEEP DIVE: ACCELERATING DELIVERY OF THE MSECC TARGET OPERATING MODEL

● Decision Item

👤 James Wilson

🕒 11:40am

REFERENCES

Only PDFs are attached

 Productivity & Efficiency Deep Diver Report 19.09.2024.pdf

Mid and South Essex Community Collaborative (MSECC)

Joint Committee

Meeting	Mid and South Essex Community Collaborative Joint Committee		
Subject	Productivity and Efficiency Deep Dive: Accelerating Delivery of the MSECC Target Operating Model		
Date of Meeting	26 th September 2024		
Agenda Item	8		
Author	James Wilson, Collaborative Lead Director		
Approved by Responsible Lead	James Wilson, Collaborative Lead Director		
For Decision	For Assurance	For Information	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Purpose			
To provide an update on the work underway to accelerate the target operating model of the Mid and South Essex Community Collaborative.			
The Joint Committee is asked to:			
The Joint Committee is asked to note the content of this report and support the acceleration of the collaborative target operating model To note the next steps and oversight of this work via the Collaborative Executive			
Forums where content has been previously discussed			
MSE Community Collaborative Executive Team <input checked="" type="checkbox"/> MSE Community Collaborative Strategy & Transformation <input checked="" type="checkbox"/> MSE Community Collaborative Core Leadership Team <input checked="" type="checkbox"/> MSE Community Collaborative Joint Clinical Oversight Group <input type="checkbox"/> MSE Community Collaborative Finance Workstream <input checked="" type="checkbox"/> Other <input type="checkbox"/> Please specify:			
Link to MSECC Strategic Priorities			
Strategic Priority/ Contractual priority	IMPROVE <i>(Work together to optimise and drive consistent delivery of community services, reducing inequalities)</i>	INTEGRATE <i>(With wider partners, facilitate community physical and mental health services integration with developing neighbourhood models at place)</i>	INNOVATE <i>(Take a lead role within the system to develop and deliver innovative models of care and use of technology)</i>
Creating an integrated delivery environment and culture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Building healthier and resilient communities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supporting more people at home (directly impacting on capacity required in acute sector)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Productivity and cost improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yes, underlying financial risk

Glossary for acronyms in report (if any)

Productivity and Efficiency Deep Dive: Accelerating delivery of the MSECC Target operating model

Context

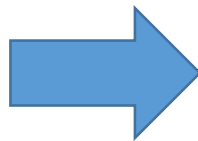
- As part of our commitment outlined in the MSECC 24/25 delivery plan, we are focused on optimising our resources and driving efficiencies to enhance the care we provide to people and ensure the sustainability of our organisations
- The increasing financial pressure on the NHS locally in the mid and south Essex system has meant we need to accelerate the Target Operating Model
- The agreed contract value sets out the clear efficiency requirements for the collaborative that requires immediate action
- This means focusing on our ambition of providing a single service offer for community services in mid and south Essex, via our collaborative
- Our collaborative exec team have met to agree the proposed approach to accelerate the delivery of our target operating model and the supporting structure
- The intent is to accelerate how we making best use of our resources, deliver enhanced consistency in service delivery whilst maintaining or improving quality and experience for patients.

Community Collaborative Efficiency : Where else to look?

Additional focus areas in addition to 24/25 Delivery plan agreed at workshop on 7th August to deliver efficiency and productivity ask

Contract Priorities

1. Building Resilient and Healthier communities
2. Creating integrated delivery environment and culture
3. Impact on capacity required in acute sector
- 4. Productivity/cost improvement**



1) Implement consistent cost controls

- Non discretionary spend control
- Recruitment control
- Budgetary spend control levels

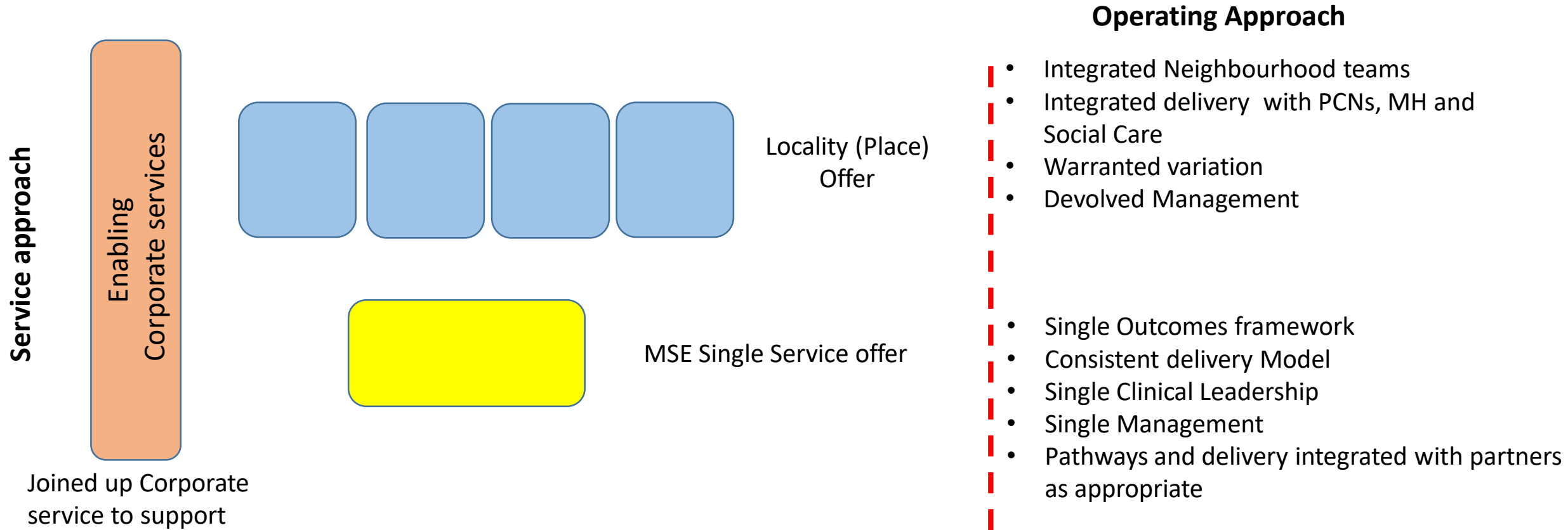
2) Accelerate delivery of Target operating model

- Services that are cross cutting have consistent service offer and single operating structure – Level across / within envelope.
- Develop proposals for consistent roll out of triage, PIFU and CIFU
- Implement integrated discharge/admission avoidance model

3) Accelerate single operating structure

- Implement fully integrated operating staffing structure
- Implement certain integrated corporate functions

Recap: MSE Community Collaborative: Operational Model



What does a MSE single service offer look like?

Outcome	
Accelerate delivery of Target operating model for our MSE wide offer, prioritising cash releasing schemes	
Element	Desired result
Quality & Performance	Quality and performance is maintained or improved
Service Specification	Single Specification, service meets needs of local population
Budget	Budget equitably directed to need
Model features	
<ul style="list-style-type: none"> • Design & Planning • Delivery (incl integration) • Monitoring 	<p>Joined planning, co-production and quality improvement</p> <p>Single SPOA, shared operational delivery and oversight, joined training, clinical oversight, shared budget management</p> <p>Shared outcomes framework and reporting</p>
Enablers	
<ul style="list-style-type: none"> • Workforce • Governance • BI • Digital • Estates • Comms 	<p>Single Clinical leadership, single structure</p> <p>Shared governance, planning, monitoring, oversight and risk management</p> <p>Shared data and joint reporting</p> <p>SPOA, single SystmOne, maximised digital enablers across MSE for service</p> <p>Smart use of joint estates, co-location at place where appropriate</p> <p>Joint comms & engagement, branding</p>

Outline Scope to accelerate*

Proposed scope for single service offer includes a range of service areas. Prioritisation criteria will be developed to consider the best order to transition to a single service offer. It should be noted some services already operate in this way currently and little or no change will be required.

Urgent/Acute facing

- IMC Beds
- Stroke beds
- Stroke ESD
- Virtual Wards
- UCRT
- TOCH & Integrated discharge/Admission avoidance**

Long Term conditions

- Diabetes
- Respiratory (COPD, Spirometry, oxygen)
- Long Covid
- Heart Failure/cardiac rehab
- SALT
- Wheelchairs

CYP

- CYP Community Nursing
- CYP ASD and ADHD
- CYP Continence

Enabling Functions

- Existing corporate functions
- Self Referral and triage
- PIFU+CIFU

*Note not exhaustive service list

**new and potential Integrated offer proposed with MSST
over page 45 of 58

Next Steps

- Confirming outline scope and intended outcome
- Confirm Patient and Clinical leadership
- Develop Inclusion/Prioritisation criteria
- Assigning/confirming with existing SROs
- Establishing Governance oversight
- Confirming Timetable

9. ACCOUNTABILITY FRAMEWORK & EXCEPTION REPORTING


● Information Item

👤 James Wilson

🕒 11:55am

REFERENCES

Only PDFs are attached

 Accountability Framework Report 26.09.2024.pdf

Assurance Report To Mid & South Essex Community Collaborative Joint Committee

Meeting	Mid & South Essex Community Collaborative Joint Committee
Subject	Accountability Framework and Exception Reporting
Date of meeting	26 September 2024
Agenda Item	9
Author	Graeme Jones, Director, Vaughan Jones Ltd
Approved by lead	James Wilson, Transformation Director, MSECC

For Decision Members are being asked to make a decision	For assurance Members are being provided with assurance	For Discussion Members are being asked to consider or discuss an item, or guidance/support is being sought	For Information Members are being asked to note for information only, with no discussion required
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. BACKGROUND / GOVERNANCE

The aim of the report is to provide the MSECC Joint Committee with assurance on the work of the collaborative and a summary of key discussions from the MSECC Assurance Framework meeting.

2. RISKS

There has been some further progress in developing a single aggregated risk register for the Community Collaborative, but this has been slow and the lead director has now left. A new lead has taken on the work of aggregation and a further version will be presented to the Accountability Framework meeting in October and then on to the Joint Committee.

3. AREAS FOR ESCALATIONS TO THE MID AND SOUTH ESSEX JOINT COMMITTEE

The Accountability Framework meeting in September agreed to escalate the following issues to the Joint Committee:

1. The lack of a single risk register covering all domains for the Collaborative.
2. The development of a clear single narrative on Quality and Safety and on Finance. A group will meet on 20 September to look at the triangulation of a single Quality and Safety view on risk, overall narrative and priority plan of action. A new lead director has taken on the Finance domain on behalf of the three partners.
3. The ICB has been seeking to impose a new 95% standard for mandatory training through the Collaborative contract. All three partners have a 95% standard for IG but lower standards for other forms of mandatory training (90% at EPUT and Provide, and 85% at NELFT). Both the Chief People Officer and the Quality and Safety leads groups are concerned that a 95% standard is unrealistic and not practicable. The ICB lead in the Accountability Framework meeting agreed to take back that collective view.
4. Community Paediatric waits remain high and there is no current agreed improvement or resolution plan.

Agenda item	Decision made	Comments Including reasons for approval or rejection, expected impact/consequence, next steps, and timeline

4. ASSURANCE

The Accountability Framework meeting in September agreed to highlight the following actions and assurance to the Joint Committee:

1. The Quality and Safety leads forum on 20 September to consider a triangulated view on the data, risks, issues and actions.
2. The change of lead role for Finance to the EPUT Chief Finance Officer.
3. The work planned for October to review and reprioritise the Transformation priorities of the Collaborative in light of the efficiency challenge within the contract.
4. There is positive delivery against most of the agreed Transformation, Operational Performance, Quality and Safety and Workforce and Culture indicators.
5. In October the Accountability Framework meeting for the Collaborative will merge with EPUT Mid and South Essex Care Unit Accountability Framework meeting as the next step in reducing duplicative meetings and assurance discussions.

5. RECOMMENDATIONS / NEXT STEPS

The Joint Committee is asked to note the areas of escalation and assurance. The Joint Committee is asked to receive an aggregated risk register for the collaborative following review at the Accountability Framework meeting in October.

10. MSECC COLLABORATIVE FINANCE REPORT

● Discussion Item

👤 Philip Richards

🕒 12:05pm

REFERENCES

Only PDFs are attached

 MSECC Finance Report 19.09.2024.pdf

Mid and South Essex Community Collaborative (MSECC)

Joint Committee

Meeting	Mid and South Essex Community Collaborative Joint Committee		
Subject	MSE Community Collaborative Finance Report		
Date of Meeting	26 th September 2024		
Agenda Item	10		
Author	Philip Richards, Executive Collaborative Finance Lead		
Approved by Responsible Lead	Philip Richards, Executive Collaborative Finance Lead		
For Decision	For Assurance	For Information	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Purpose			
To provide an update on the financial position of the Mid and South Essex Community Collaborative			
The Joint Committee is asked to:			
The Joint Committee is asked to note the content of this report and raise any issues and questions during the discussion at the meeting.			
Forums where content has been previously discussed			
MSE Community Collaborative Executive Team <input checked="" type="checkbox"/>			
MSE Community Collaborative Strategy & Transformation <input type="checkbox"/>			
MSE Community Collaborative Core Leadership Team <input checked="" type="checkbox"/>			
MSE Community Collaborative Joint Clinical Oversight Group <input type="checkbox"/>			
MSE Community Collaborative Finance Workstream <input checked="" type="checkbox"/>			
Other <input type="checkbox"/> Please specify:			
Link to MSECC Strategic Priorities			
Strategic Priority/ Contractual priority	IMPROVE <i>(Work together to optimise and drive consistent delivery of community services, reducing inequalities)</i>	INTEGRATE <i>(With wider partners, facilitate community physical and mental health services integration with developing neighbourhood models at place)</i>	INNOVATE <i>(Take a lead role within the system to develop and deliver innovative models of care and use of technology)</i>
Creating an integrated delivery environment and culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building healthier and resilient communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting more people at home (directly impacting on capacity required in acute sector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity and cost improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yes, underlying financial risk

Glossary for acronyms in report (if any)

ICB – Integrated Care Board

Finance Update

1. Progress on discussions with the ICB regarding contract value

Joint Committee members will recall from the last meeting that the Committee agreed that we should continue to “push back” against the ICB’s view that a number of cost pressures would not be funded in our contract for 2024/25. As a result of this a number of meetings were held during August between the finance leads for each of the sovereign organisations, with Trevor Smith from EPUT taking a lead in the discussions with the ICB (this was also discussed at our last Joint Committee meeting).

Trevor was given a clear steer from NHSE that the “disputes” should be resolved by 31st August 2024, and that if we collectively decided to go to formal arbitration, this would not land well with either NHSE or the ICB. In this context, first EPUT, then NELFT, and finally Provide all agreed to take the disputes “off the table”, to enable the contract to be signed without the need for formal arbitration. This was a tactical decision which was made following consultation with the senior leadership teams within each organisation, and followed a discussion at the Community Collaborative Executive Team meeting.

The key disputes that were “dropped” include:

- The levy of a convergence adjustments to organisations that sit outside of the MSE “System” control total (NELFT and Provide);
- The “cost pressure” relating to the Lighthouse service;
- Multiple cost pressures relating to activity and waiting list pressures;
- Cost Pressures in respect of Continence products;
- The costs of the Community Collaborative central team;
- The safer staffing issue on wards managed by NELFT (although the ICB have agreed appropriate notice on this issue in 2024/25);
- The contract deficit within Provide (with no appropriate notice agreed).

The consequences of “dropping” these disputes are clear, and with no additional funding being provided for increasing activity in areas such as Podiatric Surgery and Paediatric Consultant Services, it is likely that any plans to meet waiting time standards will be further compromised.

Provide in particular have been very clear that the removal of previous non-recurrent funding to deal with the contract deficit will raise the need for discussions with the ICB regarding the use of the limited resources in the contract, and what services should now be restricted or stopped. There is a view from the Collaborative leadership Team the any such conversation should not be confined to one organisation, and service restrictions and dis-investments should apply across the Collaborative.

Trevor has gone back to the ICB with this message, and we are still awaiting a formal response.

In the meantime, this clearly escalates the urgency of pushing forward with the discussions about efficiency, productivity and cost savings opportunities, which are covered elsewhere on the Joint Committee’s agenda.

2. Financial Risk

The financial risk in the Community Collaborative clearly links to the financial pressure in the mid and south Essex system, and whilst the agreed contract value sets out the clear efficiency requirements that are being levied, there is no guarantee that our savings requirements will not be increased further.

Linking to the Efficiency discussions referred to above, the Community Collaborative Leadership Team will need to put in firm plans to manage these financial pressures, and many plans will be unpalatable. As a part of the planned reporting to the Joint Committee, the finance workstream will develop a suite of financial reports which track progress against savings plans and measure the overall financial health of the Community Collaborative.

As further context to financial risk, all of the sovereign organisations will have non-recurrent savings from 2023/24 which helped to balance the in-year financial position. The absence of these savings in 2024/25 will add further to the pressures outlined above.

In terms of statutory responsibilities, the financial risks clearly manifest themselves within the sovereign organisations. Provide has a different financial context, with a clear “failure regime” and implications for Directors should the company trade insolvently. Where the implications of the contract “settlement” relate to deterioration of waiting times performance and therefore potentially issues with patient safety, each sovereign organisation is

responsible for its own performance and could attract the interest of the Regulator (CQC). All of this is likely to drive the urgency of discussions with the ICB.

3. Finance Workstream Leadership

As discussed at the last Joint Committee, and in line with the responsibilities of holding the Lead Contract, EPUT will now take over the leadership of the Finance Workstream. The exact arrangements are yet to be agreed, and I have agreed to continue in the short term to ensure a smooth handover.

4. Conclusion

The Joint Committee is asked to note the content of this report and raise any issues and questions during the discussion at the meeting.

Philip Richards
Group CFO (Provide) & Finance Lead for the Collaborative
16th September 2024

11. QUESTIONS FROM THE PUBLIC

● Discussion Item

👤 Tania Sitch

🕒 12.20pm

12. ANY OTHER BUSINESS

● Discussion Item

👤 Tania Sitch

🕒 12.25pm

Future agenda items:


November 2024

Electronic Patient Record

January 2025

Review MSECC Joint Committee Membership

DATE & TIME OF THE NEXT MEETING

 12:30

Thursday 28th November 2024, 11am-1pm ? To be confirmed