

Mid and South Essex Community Collaborative (MSECC)

Joint Committee

Meeting	Mid and South Essex Community Collaborative Joint Committee					
Subject	Impact of community services: Creating a new data set for					
	community					
Date of Meeting	25 th July 2024					
Agenda Item	9.					
Author	Lianne Jongepier – Deputy Director of Transformation MSECC					
Approved by	James Wilson, Lead Director, MSECC					
Responsible Lead						
For Decision		For Assurance	e Foi	· Information		
				\boxtimes		
Purpose						
To inform JC members of the	s wor	k.				
The Joint Committee is as	ked to	o:				
Take note of this work to dev	elop	the evidence that de	emonstrates the val	ue of our community		
services in support of the wholesale shift towards a community focussed MSE health & care						
system and our system's fina	ancial	recovery.				
Summary of Key Points/im	plica	tions:				
The health and care system	in En	gland must shift its f	ocus away from hos	spital care to primary		
and community services if it is to be effective and sustainable. At the same time there is a						
need for MSECC to demons	trate d	our impact and contr	ribution to our syste	m's financial		
recovery.						
This presentation summarises the work so far on demonstrating our impact, productivity and						
value.						
Forums where content has		_•	ssed			
MSE Community Collaborati						
MSE Community Collaborative Strategy & Transformation □						
MSE Community Collaborative Core Leadership Team ⊠						
MSE Community Collaborative Joint Clinical Oversight Group □						
MSE Community Collaborative Finance Workstream □						
Other Delease specify:						
Link to MSECC Strategic Priorities						
Strategic Priority/		IMPROVE	INTEGRATE	INNOVATE		
Contractual priority		(Work together to	(With wider partners,	(Take a lead role within		
. ,		optimise and drive consistent delivery of	facilitate community physical and mental	the system to develop and deliver innovative		
		community services,	health services	models of care and use		
		reducing inequalities)	integration with developing	of technology)		
			neighbourhood models at			
			place)			
Creating an integrated delivery						
environment and culture			Ш			

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Building healthier and resilient communities						
Supporting more people at home (directly impacting on capacity required in acute sector)						
Productivity and cost improvement	\boxtimes					
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 at this stage.						
Glossary for acronyms in report (if any)						
Supporting documents/ appendices that can be provided on request						