

Mid and South Essex Community Collaborative (MSECC)

Joint Committee

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| Meeting | Mid and South Essex Community Collaborative Joint Committee | | |
| Subject | MSE Community Collaborative Update report | | |
| Date of Meeting | 25 th July 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 type="checkbox"/> | | | |
| MSE Community Collaborative Core Leadership Team <input type="checkbox"/> | | | |
| MSE Community Collaborative Joint Clinical Oversight Group <input type="checkbox"/> | | | |
| MSE Community Collaborative Finance Workstream <input 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)

MSECC – Mid and South Essex Community Collaborative

CVD – Cardiovascular Disease

INT – Integrated Neighbourhood Teams

MSE – Mid and South Essex

EPUT – Essex Partnership University Foundation Trust

NELFT – North East London Foundation Trust

Provide CIC – Provide Community Interest Company

ICB – Integrated Care Board

AHP – Allied Health Professions

FFT – Friends' & Family Test

CYP – Children and Young People

RTT – Referral to Treatment

MSE Joint Committee: Overview July 2024

Today's meeting marks the first of our Joint Committee meetings being held in public. All three organisations supported this move as part of the refreshed governance to increase the public accountability for the Mid and South Essex Community Collaborative (MSECC). This reflects the status of the Joint Committee as the decision making committee for the delivery and transformation of Mid and South Essex Community services on behalf of EPUT, Provide CIC and NELFT.

As part of strengthening the MSECC governance, committee members will be aware of the commitment to implement a single Accountability Framework. On the agenda today we have an update on the progress made in relation to this and the key milestone we have reached in holding our first integrated assurance meeting across five domains:

- Quality and safety
- Operational performance
- Workforce and culture
- Finance
- Strategy, transformation and external relations

Leadership and Delivery

I am pleased to share with the Joint Committee the progress we have made in articulating the Value and Impact MSECC is having to both support the system's financial recovery programme as well as to better articulate the impact and value of community services. The 1st iteration of this report is included within the papers. This is already getting regional and national interest and will become a key data set for us and the wider system.

Good progress is being made in our delivery against the trajectories for improved length of stay in our Stroke and Intermediate care beds. Work is underway to optimise our virtual ward offer with recent data highlighting that we benchmark as highest in the region for the acuity of patients supported in our frailty virtual wards. This is being reported directly into the system financial recovery governance and supports Mid and South Essex Foundation Trust to reduce their escalation capacity.

We continue our participation in the national 'Provider collaboratives: Improving equitably' programme, delivered in partnership by NHS Providers and the Q community, with support from the Health Foundation and NHS England. The focus of this work is our Cardiovascular Disease (CVD) programme. A more detailed deep dive for this is on the agenda.

There has been a renewed focus on the Integrated Neighbourhood model development. Alliances are collectively taking stock of Integrated Neighbourhood Teams (INT) development across MSE to share learning, agree areas of focus and agree measurable outcomes. We are included in this work and at the next Joint Committee we will undertake a deep dive into our progress on this strategic priority.

Work is still underway between the Integrated Care Board (ICB) and Collaborative team to finalise the financial detail of the new contract. As part of this work we have worked with the ICB to agree the future commissioning intent for a number of non-

recurrently funded community services. This has involved MSECC participating in a number of presentations to various stewardship groups, who were asked to make recommendations to the ICB executive. We are currently awaiting a final decision on this from the ICB. The finance paper on the agenda describes the financial position in more detail. It should be noted the overall finance position and efficiency delivery expectation is our most significant risk currently.

We are continuing to support the system flow and recovery and have now taken on an additional leadership role around the implementation and optimisation of the Transfer of Care Hubs. This work will move to a standard offer across the system to accelerate discharge and avoid unnecessary admissions.

I am also pleased to note we have been working alongside the emerging Primary Care Collaborative in an advisory role, sharing our experience in developing a collaborative. Over the coming months we will explore how we maximise our work together.

People, Engagement and Communications

A significant amount of work continues in this area. Our Workforce Sharing Agreement continues to be used and considered as part of integrated team working. A 6-month Post Implementation Review has just been completed and an on-line learning session for collaborative leaders took place on Monday 22 July 2024.

Our Speech and Language service have been applying workforce sharing principles to great success. For example using the shared collaborative bank, we were able to commission a Mid Bank Speech & Language Therapist to provide bank cover in the South East region – avoiding costly agency cover and supporting our efficiencies.

Our culture work continues with our two leadership coaching programmes running currently for our Partnership Directors (Level 1) and Next Level Leadership (Level 2). Both programmes will finish in the Summer/Autumn and include an efficiency measure.

Through our focus on improving our portability of learning, we have streamlined System One Training, which has importantly been welcomed by our students who have had their training time halved – as well as our staff members and trainers. We are about to embark on a piece of work looking at Allied Health Professions (AHP) Preceptorship and opportunities to share our programmes e.g. entry level Physiotherapists.

I am pleased to note our patient participation work stream is really gathering pace now. We are working to ensure all of our 24/25 delivery plan clinical areas represent the patient voice. Early focus has been on Virtual Hospital, Speech and Language, Diabetes, Heart Failure and Transfer of Care Hubs. These qualitative engagement pieces will be underpinned by a developing set of patient experience measures including Friends' and Family Test (FFT), Complaints and Compliments information overall and for services over time.

Health Inequalities

We are pleased to have been invited to present at the MSE Children and Young People (CYP) Oversight & Assurance Sub Group Elective Referral to Treatment (RTT)

in August to discuss the interface between the system Children and Young People's Health inequality priorities and the contribution of the community collaborative. We also joined the South East Essex Alliance Health inequalities planning meeting to discuss our delivery plan and the role we as a collaborative play as an alliance partner.

The 10th July saw a joint South Asian Heritage month celebration in Thurrock that was opened to all collaborative staff. This included inspirational stories from leaders and staff as well as singing dancing and south Asian dress and costumes.

Welcome

We welcome to the Joint Committee for the first time John Lutchmiah who joins Luis Canto E Castro on our Joint Committee to help represent the patient voice. We look forward to the crucial role they will both play in this Joint Committee.

Finally, we are seeing our second patient story opening our Joint Committee meeting and this month we welcome Claire Vine who led the MSE Diabetes pilot this year and Maria Madina who has diabetes herself and has been instrumental in the success of the innovative outreach to seldom heard communities and the outcomes this project had.