Mid and South Essex Community Collaborative

# AGENDA

## MID AND SOUTH ESSEX COMMUNITY COLLABORATIVE

## COMMITTEES IN COMMON

## Part I – In Public

**Thursday 27th November 2025 – 11:00 – 12:10**
**Provide CIC, Colchester Business Park, 900 The Crescent, Highwoods, Colchester CO4 5YQ – Elm Room (Ground Floor)**

| No. | ITEM | LEAD | REQUIREMENT | PAPERS | TIME |
|---|---|---|---|---|---|
| **Formalities and Administration** | | | | | |
| 1. | **Apologies for Absence** | Robert Parkinson, Chair | Information | Verbal | 11:00 |
| 2. | **Declarations of Interest** | Robert Parkinson | Information | Attached | 11:01 |
| 3. | **Minutes of meeting 25th September 2025** | Robert Parkinson | Approval | Attached | 11:02 |
| 4. | **Action log following 25th September 2025** No open actions following September mtg | Robert Parkinson | Information | Attached | 11:03 |
| 5. | **Matters arising from previous minutes** | Robert Parkinson | Information | Verbal | 11:04 |
| **Collaborative Update** | | | | | |
| 6. | **MSE Community Collaborative Update Report** | James Wilson | Information | Attached | 11:05 (10mins) |
| **Essential Business** | | | | | |
| 7. | **Finance Update** | Jenny Davis | Information | Attached | 11:15 (5mins) |
| 8. | **Neighbourhood Health – Presentation from West Essex** | Nicole Rich | Information | Presentation | 11:30 (20mins) |
| 9. | **Board Briefing: Neighbourhood Health Development** | Lynnbritt Gale | Information | Attached | 11:50 (10mins) |
| **Assurance** | | | | | |
| 10. | **Accountability Framework including exception reporting** | James Wilson and functional leads | Assurance | Attached | 12.00 (5mins) |
| **Questions from the Public** | | | | | |
| 11. | | Robert Parkinson | Verbal | Discussion | 12:05 (5mins) |
| **Any Other Business** | | | | | |
| 12. | | Robert Parkinson | Verbal | Discussion | 12:10 (5mins) |
| **Meeting End** | | | | | 12:15 |
| **Future agenda items:** | | | | | |
| **Date of next meeting:** **Tuesday 27th January 2026, 10am-12pm – Wren House, Colchester Road, Springfield, Chelmsford CM2 5PF – Plume & Marconi** | | | | | |

## REGISTER OF POTENTIAL CONFLICT OF INTERESTS FOR THE MID AND SOUTH ESSEX COMMUNITY COLLABORATIVE - 2025/2026

| 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<br>Consultant Radiologist - Royal Free London NHSFT | | | | 10.01.2024 |
| **Brown, Helene Dr** | | | | | | | |
| **Castro Luis Canto E** | Lived Experience Leader | Essex Partnership University Trust (EPUT), North East London Foundation Trust (NELFT) and Provide Community Interest Company (CIC) | Unstoppable Living Ltd - Consultant<br>As a Workplace Inclusion and Accessibility Consultant, 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<br>GP Partner - Colne Valley Primary Care Network | Primary Care Partner, Member on the MSEICB<br>Member of the GP Provider Collaborative for MSE | None | None | 25.07.2024 |
| **Debenham, Joanne** | Associate Director Engagement & Workforce | Hosted by Essex Partnership University Trust (EPUT) on behalf of our Mid and South Essex Community Collaborative | Employee of EPUT | None | None | None | 03.07.2025 |
| **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<br>Clinical Director - Aegros PCN | Trustee - Open Road Charity - Chair their Clinical Governance Committee and sit on Board<br>Trustee - Kids Inspire - Safeguarding lead and sit on Board<br>Trustee - Rural Communities of Essex, on Board and sit on Finance Committee | | | 08.04.2024 |
| **Friedman Judith** | Executive Director of AHP, Psychological Professions & Social Work | North East London Foundation Trust (NELFT) | Employee of NELFT | None | Trustee - Shine for Shani | None | 07.05.2025 |
| **Green Alex** | Executive Chief Operating Officer | Essex Partnership University Trust (EPUT) | Employee of EPUT | None | None | None | 04.07.2024 |
| **Harvey Mark** | | | | | | | |
| **Johnson Brid** | Chief Operating Officer | North East London Foundation Trust (NELFT) | | | | Partner is a Non-Executive Director at Mid and South Essex Integrated Care Board (MSEICB) | 03.06.2024 |
| **Karele Milind Dr** | Executive Medical Director | Essex Partnership University Trust (EPUT) | Employee of EPUT | None | None | None | 24.07.2024 |
| **Lutchmiah John** | Lived Experience Leader | Essex Partnership University Trust (EPUT), North East London Foundation Trust (NELFT) and Provide Community Interest Company (CIC) | Patient Board member - NELFT | None | None | None | 25.07.2024 |
| **Makala Wellington** | Executive Chief Nursing Officer/Executive Director AHP & Psychological Professions | North East London Foundation Trust (NELFT) | Adhoc Consultant work | | | | 12.01.2024 |
| **Morrison Siobhan** | Group Chief People Officer | Provide Community Interest Company (Provide CIC) | Employee of Provide CIC<br>Director - React Homecare Limited<br>Director - Provide Care Solutions Ltd<br>Director - Provide Equipment Hub Limited<br>Interim Chief People Officer, MSEICB | | | | 05.07.2024 |
| **Parkinson Robert** | Group Chair | Provide Community Interest Company (Provide CIC) | | | | | 04.07.2024 |
| **Persey Robert** | Interim Executive Director for Adults and Health | Thurrock County Council | | | | | |
| **Presmeg Nick** | | | | | | | |
| **Richards Philip** | Chief Finance Officer | Provide Community Interest Company (Provide CIC) | Employee of Provide CIC<br>Director - Albion Outlook Ltd<br>Director - Provide Wellbeing Ltd<br>Director - Brantree Healthcare Ltd<br>Director - Provide Digital Ltd<br>Director - Provide Group Ltd<br>Director - Provide Care Solutions Ltd<br>Director - Provide Property Ltd<br>Director - React Homecare Ltd<br>Trustee - Ormiston Families<br>Director - Provide Equipment Hub Limited | | | | 25.06.2024 |
| **Sitch Tania** | Non-Executive Director | Provide Community Interest Company (Provide CIC) | Employee of Provide CIC<br>Director - React<br>Director - Provide Care Solutions | Trustee - Thurrock Community and Voluntary Services (CVS) | | | 30.05.2024 |
| **Stapleton Michelle** | System Integrated Care Pathway Director | Mid and south Essex Foundation Trust | Providing support and leadership to NELFT BB+T locality, 2 days a week - honorary contract in place for 3 months. | NIL | NIL | NIL | 20.11.2024 |
| **Taylor Eileen** | Chair | North East London Foundation Trust (NELFT) | Chair - East London Foundation Trust (ELFT)<br>Chair - MUFG Securities EMEA Plc<br>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 | Honarary Professorship - University of Essex<br>Member - Health Council at Reform (Health Think Tank)<br>Fellow - Faculty of Public Health<br>Member - UK Public Health Register (UKPHR)<br>Member - Nursing and Midwifery Council (NMC)<br>Member - Royal College of Nursing (RCN) | | | 03.09.2024 |
| **Wilson James** | Collaborative Lead Director | Hosted by Essex Partnership University Trust (EPUT) on behalf of our Mid and South Essex Community Collaborative | Employee of EPUT | Trustee - Hamelin Trust | Wife is a finance business partner at Essex County Council | Brother is a partner at PWC Consultancy | 06.06.2024 |

# MINUTES

## MSE COMMUNITY COLLABORATIVE COMMITTEES IN COMMON (MSECC CiC)

## PART I – IN PUBLIC

**25th September 2025**
**11am-11.10am**

Wren House, Hedgerows Business Park, Colchester Road, Springfield, Chelmsford, Essex CM2 5PF
Plume & Marconi – 1st Floor

| | | |
|---|---|---|
| **Members present:** | | |
| Robert Parkinson (Chair) | RPa | Group Chair, Provide CIC |
| Clare Burns | CB | Executive Director of Partnerships, NELFT |
| Paul Calaminus | PC | Chief Executive, NELFT |
| Dr Anna Davey | AD | Deputy Medical Director for Engagement, MSEICB |
| Jo Debenham | JD | Associate Director Engagement and Workforce, MSECC |
| Caroline Dollery | CD | Non-Executive Director, NELFT |
| Judith Friedman | JF | Executive Director of Allied Health Professionals, Psychological Professions & Social Work, NELFT |
| Alex Green | AG | Executive Chief Operating Officer, EPUT |
| Mark Harvey | MH | Executive Director of Adult Social Services, Southend City Council |
| Brid Johnson | BJ | Chief Operating Officer, NELFT |
| John Lutchmiah | JL | Lived Experience Leader |
| Philip Richards | PR | Chief Finance Officer, Provide CIC |
| Tania Sitch | TSi | Non-Executive Director, Provide |
| Michelle Stapleton | MS | System Integrated Care Pathway Director, MSEFT |
| Lucy Wightman | LW | CEO, Provide Health |
| James Wilson | JW | Collaborative Lead Director, MSECC |
| **In attendance:** | | |
| Chris Jennings | CJ | Assistant Trust Secretary, EPUT |
| Lianne Jongepier | LJ | Deputy Transformation Director, MSECC |
| **Minutes:** | | |
| Claire McPherson | | MSECC CiC administration support, MSECC |
| **Apologies:** | | |
| Caroline Allum | | Chief Medical Officer, NELFT |
| Luis Canto E Castro | | Lived Experience Leader |

| | | |
|---|---|---|
| Dan Doherty | | Mid Essex Alliance Director, MSE ICS |
| Milind Karele | | Executive Medical Director, EPUT |
| Hattie Llewelyn-Davies | | Chair, EPUT |
| Moira McGrath | | Director Adult Social Care, Essex County Council |
| Wellington Makala | | Executive Chief Nursing Officer, NELFT |
| Robert Persey | | Interim Executive Director for Adults & Health, Thurrock Council |
| Paul Scott | | Chief Executive Officer, EPUT |
| Trevor Smith | | Chief Finance Officer, EPUT |
| Eileen Taylor | | Chair, NELFT |

| | |
|---|---|
| **Formalities and Administration** | |
| 1. | **Welcome and Introductions** |
| | RP opened the meeting.<br><br>Introductions were made and apologies were noted as set out above.<br><br>No members of the public were present. |
| 2. | **Declarations of Interest** |
| | The Committee reviewed the Declarations of Interest log. The following amendments were noted and the log will be amended accordingly:<br>• RP - No longer a Governor at St John's School, Horsham.<br>• MS - Providing support and leadership to NELFT BB+T locality, 2 days a week – honorary contract in place for 3 months. |
| 3. | **Minutes of the Meeting held on 29th May 2025** |
| | The minutes of the meeting held on 29th May 2025 were agreed as an accurate record. |
| 4. | **Action Log from the Meeting held on 29th May 2025** |
| | All actions closed. |
| 5. | **Matters Arising from Previous Minutes** |
| | None. |
| **Collaborative Update** | |
| 6. | **MSE Community Collaborative update report** |
| | The paper was taken as read. The Committee noted the contents of the report and no questions were raised. |
| 7. | **Finance Update** |
| | The paper was taken as read. The Committee noted the contents of the report and no questions were raised. |
| **MSE Community Collaborative – Accountability Framework** | |
| 8. | **Accountability Framework including exception reporting** |
| | The paper was taken as read. The Committee noted the contents of the Assurance report and no questions were raised. |
| **Questions from the Public** | |
| 9. | No members of the public were in attendance. |
| **Any Other Business** | |
| 10. | None raised. |
| | The meeting closed at 11:10 |
| **Date and Time of Next Meeting: Thursday 27th November 2025, Provide CIC, Colchester CO4 9YQ** | |

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

# Mid and South Essex Community Collaborative (MSECC)

## Committees in Common (CiC)

| | |
|---|---|
| **Meeting** | Mid and South Essex Community Collaborative Committees in Common |
| **Subject** | **Collaborative Update report** |
| **Date of Meeting** | 27th November |
| **Agenda Item** | 6 |
| **Author** | James Wilson, Lead Director, MSECC |
| **Approved by Responsible Lead** | James Wilson, Lead Director, MSECC |

| For Decision | For Assurance | For Information |
|---|---|---|
| ☐ | ☐ | ☒ |

**Purpose**

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

**The MSECC Committees in Common is asked to:**

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

**Forums where content has been previously discussed**

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

**Link to MSECC Strategic Priorities**

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

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

None

**Glossary for acronyms in report (if any)**

## MSE Committees in Common: Overview September – November 25

The Autumn period continues to be a varied and busy time for the Collaborative. We continue to see change within our system as the newly forming Essex ICB takes shape at an executive level and changes within leadership occur at MSEFT. We have spent time considering our response to draft commissioning intentions and how we provide important stability at a time of significant change. I am pleased to note the continued commitment and progression to single leadership portfolios across our collaborative ahead of more formal consolidation proposals being finalised. We have meanwhile been progressing our change and transformation work alongside day to day delivery. Key updates from the last period are detailed below.

### Finance, Governance & Planning

There has been a continued collaboration across our teams in particular on three significant areas of work during this period:

- **Define & Agree**: We have completed our first three reviews and agreed with the ICB to move forward with the initial recommendations from the first three reviews. We are finalising the approach and timeline for completing the remaining reviews.
- **MTP Planning**: A significant focus has gone into the Medium term planning submissions ahead of the 17 December deadline. We're pulling together performance and activity data for a single community health submission alongside the requirements for each organisation to produce their own finance and workforce returns.
- **Governance Manual**: Further refinement of the governance manual has been undertaken which details how we operate together and full maximise the potential of our collaborative model.

### Transformation & Change

Overseen by our Transformation Steering Group and project boards the following areas are to be noted:

**SystmOne Integration**: Our new Programme Board is overseeing the work to bring SystmOne units from three organisations into one EPUT-held unit. A number of workshops have been held between our clinical, operational and technical teams to map and design the single units. The first tranche of service to transition is likely to be in the early new year.

**Virtual General Hospital**: Work is progressing on the future integrated model for MSE, including plans to boost VW bed capacity and the resources needed. A meeting with the ICB is scheduled to discuss the impact of the Frailty hotline decommissioning, and a QIA is in progress.

**UCRT**: We have been successful in receiving additional funding to support UCRT staff working within the Urgent Care Coordination hub (UCCH). This gives a great opportunity over winter to strengthen partnership working. Discussions are still underway around consolidation of the UCRT single point of access with the UCCH.

The UCRT and Virtual Hospital Teams regrouped as part of their QI work – and were able to report improvements in conversion rates from UCRT into Frailty due to their closer working relationships.

We congratulate them on their efforts and expect to see even closer working relationships as the two functions move closer together in order to meet GIRFT recommendations.

**Diabetes**: The integrated model has been signed off by the Stewardship Group and we are exploring with Primary care how we can start to implement the new model with PCNs who have expressed interest.

**Children & Young People (CYP)**:Although our ASD/ADHD waits are still rising, partly because resources have been diverted to clear the medication backlog we have received particular note from NHSE on our understanding of the issues and data-driven approach. Work continues on how we transition to a needs led model.

We have now received confirmation of funding to progress additional recruitment for our Initial Health Assessment model, this will help to ensured we provide assessments and support in a timely fashion.

**INT & Neighbourhood Model**: Through our INTs we are continuing to grow our use of the FrEDA tool continues, helping us support residents living with frailty.

We're working with GPPC on a proposal for a Neighbourhood Health Delivery Unit (NHDU). This will help deliver integrated, place-based care and strengthen collaboration across primary care, community services, local authorities, and the voluntary sector.

**Workforce**

There continues to be a significant focus on People and workforce focused activities including:

**Financial Recovery**

Our workforce partners are continuing to design and deliver their corporate restructures. Acknowledging the impact this has on our people, we are noting some positive improvements in our vacancy reporting due to revised establishments and baselines. My last report confirmed an expected cost reduction to programme running costs, which is positive but has resulted in an escalated risk to our accountability framework around the lack of clarity on alternative arrangements after our Associate Director of Workforce & Engagement becomes vacant on 15th December.

**Workforce Models and capabilities – integrated collaborative working**

As previously reported our newly approved workforce models are now live and about to be issued across our Frailty Virtual Wards. This will allow staff to work across all three patches flexing their workforce according to need using mutual aid. It should positively influence

reliance on temporary staffing as we head into winter and improve opportunity to keep beds open even when workforce is challenged.

There has been a significant amount of effort and energy invested in the implementation of a new Community Beds Intermediate Care and Stroke workforce model, which has included the use of shared leadership roles across partner organisations creating efficiencies and better use of expertise and resource.

**Health Inequalities and Equality Delivery System**

Our Children and Young People Asthma Service are working closely with the ICB as our joint entry for delivering equality and access to service this year. As well as asking families and carers to rate their experience of accessing our service, we are running an event at a soft play gym where our children will also be able to rate our services. This will culminate in the presentation of our results to an ICB led event at Barleylands in December 2025.

**Activity**

We are seeing a slight increase in sickness as we head into winter but vacancies remain low alongside a reducing reliance on temporary staffing.

**Hellos & Goodbyes**

Finally I would like to extend a warm welcome to Michelle Stapleton (interim strategic role) and James Orpin (consultant doctor) who during this period have joined the Collaborative I would also like to note a farewell and best wishes to Jo Debenham (People lead) who has provided invaluable energy, enthusiasm, determination and leadership to the Collaborative . Her contribution will be sorely missed.

# Mid and South Essex Community Collaborative (MSECC)

## Committees in Common (CiC)

| | |
|---|---|
| **Meeting** | Mid and South Essex Community Collaborative Committees in Common |
| **Subject** | **Board Briefing: Neighbourhood Health Development** |
| **Date of Meeting** | 27th November 2025 |
| **Agenda Item** | 9 |
| **Author** | Lynnbritt Gale, Partnership Director |
| **Approved by Responsible Lead** | James Wilson, Lead Director, MSECC |

| For Decision | For Assurance | For Information |
|---|---|---|
| ☒ | ☐ | ☐ |

**Purpose**

To provide the Committee in Common with an update following the Board development in September regarding our response to the emerging Neighbourhood health agenda.

**The MSECC Committees in Common is asked to:**

The Joint Committee is asked to note the contents and partnerships being explored.

**Forums where content has been previously discussed**

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

**Link to MSECC Strategic Priorities**

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

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

None

**Appendices**

N/a

# Board Briefing: Neighbourhood Health Delivery Unit (NHDU) – Concept Development

## Background

This paper sets out a proposed response to the emerging Neighbourhood health agenda. In September at our board development the role of MSECC in neighbourhood health development was discussed. Common themes from this discussion included:

1. Vision & Model Alignment

- Need for clarity of the Greater Essex model.
- Importance of having a clear Target Operating Model (TOM) and principles.
- Need to define neighbourhoods and agree on footprints (especially PCNs vs INT alignment).

2. Patient-Centric Approach

- Patient experience at the centre of all decisions.
- Do less but do it right—focus on quality over quantity.
- Ensure models enable support for patients and communities.

3. Relationships & Collaboration

- Build and strengthen relationships across organisations and teams.
- Break down barriers created by organisational silos or commissioning structures.
- Move from delegation to empowered teams making decisions.
- Share workforce resources (e.g., managerial support for PCNs).

4. Language & Culture

- Use positive, non-negotiable language to drive change.
- Encourage permission to act differently—not more of the same.
- Foster a culture of collaboration and trust.

5. Practical Enablers

- Public Health Hub concept seen as valuable.
- Importance of data for decision-making and progress tracking.
- Need create space and structure and capacity for strategic planning and coordination
- Need to build from what we have, and strongly use PCNs as building blocks for future work.

We have also received further national planning guidance and publication of the national policy direction set out in the Medium-Term Planning Framework (2026–29), which has

reinforced the focus for Providers to take a lead role in the development and delivery of Neighbourhood health. Concurrently to this there is emerging thinking from the ICB looking at a strategic level to develop a single, coherent model for Neighbourhood Health across Essex.

## How we are responding

Since the board development session in September MSE GP Provider Collaborative (GPPC) and Mid and South Essex Community Collaborative (MSECC) have started exploring together the creation of a neighbourhood health delivery unit. This aims to act as a strategic coordination and deliver for neighbourhood health care.

Proposed functions being explored include

**Strategic Functions:**

- Provide a single strategic voice for neighbourhood health implementation
- Define vision, outcomes, and enable cultural change
- Hold responsibility for development of neighbourhood health plan for ICB
- Establish joint governance and alignment across emerging neighbourhood teams
- Hold oversight of risk and strategic enabler development
- Facilitate population health insights for planning
- Shape integrated workforce models and leadership development

**Delivery:**

- **Coordination & Facilitation:** Support teams to align priorities and delivery plans
- **Data & Intelligence:** Provide analytics for targeted interventions
- **Workforce Development:** Enable integrated workforce planning and training
- **Digital Enablement:** Promote shared tools and platforms for care coordination
- **Quality Improvement:** Embed improvement methodologies and support innovation
- **Community Engagement:** Ensure meaningful involvement of residents and voluntary sector partners

It is proposed this will be jointly overseen by GPPC and MSECC, ensuring strong provider leadership and accountability. Discussions are currently underway between GPPC and MSECC to further refine and develop this concept. We also recognise the need to seek wider engagement from voluntary sector partners and social care to ensure the model fosters true integration and reflect local needs.

## Next steps:

- **Wider Stakeholder Engagement:** Engagement with voluntary sector, social care partners and the ICB.
- **Resource Planning:** Confirm change, workforce, digital, and clinical leadership requirements.
- **Governance:** Formalise joint oversight arrangements between GPPC and MSECC.

- **Alignment and learning :** Set up networks with West and NE early adapter national pilots
- **Implementation:** Identify early adopter PCNs to co-develop and test the model.

# Assurance Report
# to the
# Mid & South Essex Committees in Common

| | |
|---|---|
| **Subject** | **Mid & South Essex Community Collaborative Assurance Framework** |
| **Date of meeting** | November 2025 |
| **Author** | Graeme Jones, Director, Vaughan Jones Ltd |
| **Approved by lead** | James Wilson, Collaborative Lead Director, MSECC |

| For Decision<br>Members are being asked to make a decision | For assurance<br>Members are being provided with assurance | For Discussion<br>Members are being asked to consider or discuss an item, or guidance/support is being sought | For Information<br>Members are being asked to note for information only, with no discussion required |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

## 1. BACKGROUND / GOVERNANCE

The purpose of the report is to provide the MSECC Committees in Common with assurance on the work of the collaborative and a summary of key discussions from the MSECC Assurance Framework meeting in November 2025.

## 2. RISKS

The Accountability Framework meeting received a risk presentation summarising the further work to bring together relevant risks from the three partner organisations, professional forums and services.

There has been further work on the strategic risks in particular for workforce, use of resources and quality and safety. Draft strategic risks for other domain areas have been circulated to relevant domain leads to review and score.

The monthly Accountability Framework meeting began with a review of the highest rated risks.

The four risks scoring 16 or higher remain:

- Community Paediatric Waiting Times for ASD and Autism Assessments
- Shared Care ADHD medication arrangements with GP's
- Primary Care opting out of prescribing for people seen in community services
- Resources and capacity to meet demand

The meeting confirmed that there are actions and process in place to progress, manage and mitigate the four highest scoring lists.

The Accountability Framework meeting suggested some alternative forms of presentation for the risks and further work on common, shared and themed risk areas.

## 3. AREAS FOR ESCALATIONS TO THE MID AND SOUTH ESSEX COMMITTEES IN COMMON

The Accountability Framework meeting in November focused on the following key issues by domain.

Quality and Safety

The meeting received a quality and safety report. This paper highlighted the role of the Quality Assurance Group (QAG) in overseeing quality, risk, policy and practice.

There is also a Quality Review group in place with senior clinical leads to scrutinise data and strengthening joint understanding of risk/patient safety.

Two quality and safety risks that had been escalated to the ICB were shared:

1. Shared care arrangements with GPs and GPs opting out of care has been escalated to the ICB. The ICB has made a formal response to the Provide Chief Nurse and Health CEO.
2. The Transport Risk has been previously escalated to ICB. A more detailed review is underway to bring together the collaborative collective concerns, patient safety risks and harms. This will be presented next month at the QRG.

The Accountability Framework meeting also received updates on the actions to address Community Nursing capacity which is part of the Define and Agree process; and on additional funding to increase the capacity to undertake Initial Health Assessments in the ADHD service. There has been progress in agreeing to additional funding but some confusion over the funding mechanism.

The Quality and Safety report highlighted the following Patient Safety themes:

- Writing detailed risk assessments.
- Documentation
- Professional curiosity
- Workforce and high case loads

Provide shared an update on an unannounced CQC visit to a community ward.

There is some further joint work underway on Quality Impact Assessments which will use the new national guidance to strengthen the collaborative approach.

The Accountability Framework noted that all but one of the Quality and Safety KPIs are being delivered, other than the initial VTE risk assessment.

Workforce and Culture

The Workforce and Culture domain had been moved to an amber rating to reflect concerns over progress in agreeing portfolio lead posts to work across Mid and South Essex and a lack of clarity over the dedicated resource for workforce and culture from 12 December when the existing domain lead moves to a new role.

The meeting heard that progress had been made on the portfolio lead approach with the move expected to be made on behalf of all three partner organisations from 1 December.

The CPO group considered a proposal to cover the change in workforce leadership for the Collaborative but was only supported by two of the three partner organisations. An amended proposal will be shared with CPOs in the week of 23 November. The Accountability Framework meeting noted that this is a very pressing and significant risk for the Collaborative.

The meeting heard that flu clinics are underway across the Collaborative. Good progress has been made with the workforce element of the reorganisation of community beds.

The Accountability Framework meeting heard that corporate restructures are underway within the partners including HR and Communications as part of financial recovery and delivering value programmes.

Work on Service Line Reporting for the workforce has been further delayed due to BI resource being re-directed to support the ICB Define and Agree workstream.

The meeting also heard that the Care Home consultation by the ICB has been extended to 2 January 2026.

Operational Performance

The Accountability Framework meeting heard that there is an overall picture of increasing waits in adult and children's services. The meeting also heard about actions and progress to reduce waiting times for Continence, Spirometry and Adult Speech and Language services.

The December Accountability Framework meeting will include a deep dive into the Wheelchair service.

There has been further work to Quality Impact Assess medication reviews for the Children's ADHD and ASD services. A needs-based approach will be developed in the longer term with a different staffing model. The NHS England ADHD taskforce leads had been positive in their feedback to the Mid and South Essex leads on their grip of the numbers and bottlenecks. A new Deputy Chief Medical Officer has been appointed at NELFT, and they will have a focus on Children's neuro-developmental services. The meeting also heard about work being led by the ICB to try to reduce the growth in demand for ADHD assessment and care.

There are on-going issues with capacity and recruitment that are impacting on performance delivery in the CYP therapy Occupational Therapy and Physiotherapy. There is a trajectory to improve performance with Audiology waits in Mid Essex which is on track.

The meeting heard about work to develop a Virtual Ward business case for the ICB. There is also on-going work with the ICB over the impact of plans to decommission the Frailty hotline on service users and in terms of consultant input for the Virtual Wards and UCRT. An audit of UCRT input into the Urgent Care Coordination Centre initial calls has found that half of the calls are not suitable.

Finance

The Accountability Framework meeting received an update on the on-going work with ICB colleagues on the Define and Agree process. The domain leads highlighted the volume of work undertaken and further work required to refine the initial analysis. The planned roll out beyond the three initial service areas is paused while the providers discuss the capacity requirements and how to meet them.

The meeting discussed the planning process and the 17 December initial submission deadline. Baselines will need to be agreed by that date. The guidelines to undertake the work remain outstanding.

The meeting discussed progress with the Service Line Reporting approach and the circulation of a further iteration to the CFO group for review. The wider sharing of the SLR outputs should take place from January 2026 onwards.

There is work underway to generate costings for different looking Stroke and IMC services. For IMC the new service specification is being implemented. The Collaborative needs to describe the workforce requirements and to see whether they are achievable under the existing funding envelope. A presentation will be shared with the ICB on 5 December ahead of a discussion on 11 December.

The meeting clarified that the additional funding for neurodevelopmental services has been offered to cover unfunded posts in the Lighthouse Service. There will be further work to try to improve the issues of inequity across the three providers in Mid and South Essex.

The meeting discussed what financial information might be shared in advance of future Accountability Framework meetings.

Strategy, Transformation and External Relations

The October Accountability Framework meeting had spent some more time on the Strategy, Transformation and External Relations domain. For the November meeting the focus was on two escalations

1. Frailty Virtual Ward and concern over senior clinical oversight in light of the ICB decision to decommission the Frailty hotline.
2. The continuing growth in Children's & Young People long waiters for ASD/ADHD. This had been discussed in detail under the risk agenda item and the quality and safety and performance domains. The escalation under transformation related to the diversion of resources to address the medication backlog and the impact on the transformational change capacity required to improve outcomes.

## 4. ASSURANCE

The Committees in Common is asked to note the key issues and progress outlined above.

The Committees in Common is asked to note the on-going theme of excess demand and activity against funded capacity with some services having seen exponential activity growth over recent years without commensurate capacity increases. The Define and Agree process provides a vehicle to expose the issues by service area, although this may take some time. The unpicking of the block contract may fast-track elements of the work and thinking with a move to a Cost and Volume arrangement.

The Committee should also note the further work required on Service Line Reporting before that information is shared more widely and the competing call on resources from the Define and Agree process.

The Committee in Common is asked to note the four highest rated risks highlighted under the Quality and Safety domain.

There is a pressing concern to identify and agree an approach to workforce leadership for the Collaborative with the incumbent moving to a new role in mid-December.

The Collaborative has made good progress in a number of areas of service transformation and performance delivery. However, there remain significant issues with CYP neurodevelopmental waits and concerns over long wheelchair waits that had not been anticipated.

The Committee is asked to note that senior attendance from the partner organisations, at the Accountability Framework meetings, has improved.

## 5. RECOMMENDATIONS / NEXT STEPS

The Committees in Common is asked to note the areas of review and escalation by domain.