

Mid and South Essex
Community Collaborative



OUR JOURNEY SO FAR

2021/2022



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Foreword

James Wilson
Transformation Director
Mid and South Essex Community Collaborative



I am really proud of the progress that has been made by the Mid and South Essex Community Collaborative (MSECC). By focusing on how we can work better together, the MSECC has demonstrated, in a short space of time, the tangible benefits it can have for our population, staff and for the system. This change doesn't happen overnight, and it has not been without its challenges. By working through these together it has made us stronger as a team and the change we are starting to see is providing the foundation for a really bright future.

The success so far would not have been possible without the passion of the community and staff who have embraced collaborative working, ensuring that we keep the patients' interests at the core of everything we do.

By getting the foundations right, we have now paved the way to improve and learn from what we have already done and achieved. We have developed a culture of collaboration amongst wider healthcare teams, enabling colleagues from across the system to champion community services to help drive its success. I am pleased to share what we have achieved together.



Introduction

The Mid and South Essex Community Collaborative was formed in September 2020 to explore how by working together we can best meet the needs of our local communities.

We are currently a partnership of three organisations who deliver community services in mid and south Essex:

- Essex Partnership University NHS Foundation Trust (EPUT)
- North-East London NHS Foundation Trust (NELFT)
- Provide Community Interest Company (Provide Community).

The journey of collaboration for the three organisations predates the NHS Long-Term Plan ambitions. Initial work on establishing the strategic relationships between the organisations dates back to 2019.

In spring 2020, an agreement was reached to formalise the collaboration via a contractual joint venture agreement, and this marked the start of the evolution of the Mid and South Essex Community Collaborative (MSECC).

The focus for the collaborative is to improve the delivery of community services across mid and south Essex.

By working together, we are aiming to address variation and inequality in access and outcomes, reduce duplication and share resources, improve wellbeing and staff retention and recruitment.

This document reports on the first year since the formation of the decision-making board and demonstrates our outcomes and achievements so far.



"I want to recognise the fantastic work that the MSECC has achieved over this last year. It's wonderful to be part of this together and to see what the future holds as we develop this partnership going forward. We are part of a great organisation in the NHS and it's great that we can play our part in different ways."

Mark Heasman, Chief Executive Officer, Provide
Community



"Since MSECC was formed, we've seen increased collaboration with greater focus on co-creation of care plans for those who rely on us, as well as the ability to innovate and share best practice. In many ways, the creation of MSECC was an early adoption of trends we're seeing more widely across healthcare with a focus on end-to-end care across the sector, greater patient involvement and a drive to support people in the community without the need for inpatient stays."

Paul Scott, Chief Executive Officer, EPUT



"By working together to identify the areas that will have the biggest impact for patients and our communities, we have been able to identify opportunities to deliver services more effectively. Brilliant examples of this integrated working include our Spirometry Diagnostic Units that we have started to roll out across the area and our Mid and South Essex Urgent Community Response Team. MSECC also offers our NHS workforce the opportunity to innovate, learn new skills and work in different ways, supporting our recruitment and retention efforts. I am really proud of what we have achieved so far."

Jacqui Van Rossum, Acting Chief Executive, NELFT

Our vision

Consistent and outstanding community health and care services

Our mission

To co-produce the MSE Community Collaborative which combines the strengths of EPUT, NELFT and Provide Community with the passion and commitment of staff, to create healthier and happier communities in mid and south Essex

**Working together to deliver better care
in mid and south Essex**



Outcomes

As a collaborative we have set out to achieve six outcome areas, with improving care for people at the heart.



What this means

For the population of mid and south Essex

Deliver higher quality, sustainable services that offer pathways and support for people, combining the best of the three providers

Tackle inequalities in service provision, providing high quality and equitable access and removing postcode lottery

Enable a reduction of variation and duplication in clinical practice and outcomes, enabling everyone to have access to the same standard and quality of care

For staff

Improved staff experience through greater opportunities for career progression, including clinical leadership roles across the MSE footprint

Provide continuity and stability through joining up teams, aiding best practice delivery and improving staff retention

For the sovereign organisations

Enable the most efficient use of resources through joint change programmes and collaboration

Maximise being an anchor organisation, providing opportunities for the MSE population

For the system

Enable a unified voice for community providers within the system, support delivery of pathway provider collaboratives that span acute, community and primary care networks



What has been achieved

What has been achieved

Unified provider voice

The formation of the MSE Community Collaborative has enabled a single unified voice for community services. This runs from board level through to operational delivery internally within the MSECC, and externally as part of the system leadership and governance arrangements.

Signed a Contractual Joint Venture agreement formalising the collaboration

Single leadership for transformational change, ensuring single direction and voice for MSECC

Delegated decision making from sovereign organisational boards to single governance structure

A Partnership Memorandum of Understanding (MOU) agreed across the system to recognise the commitment to working in partnership

Single representation at Mid and South Essex Integrated Care Board (ICB) and throughout the Integrated Care System (ICS) governance to help support collaboration

Multi professional clinical leadership forum established to steer and shape delivery

Established, in partnership with NHS Confederation, a National Provider Collaboratives forum

Leaders regularly brought together at the MSECC Leadership Forum; ensuring leaders are shaping and influencing the delivery and strategic direction



Professor Sheila Salmon

Chair of the Mid and South Essex Community
Collaborative Board
and Non-Executive Director at Essex Partnership
University Trust

“

I am delighted to share that in such a short space of time, we have seen three separate organisations, all providing the same community services, albeit differently, embracing the need to come together to share their knowledge and expertise. Working together has demonstrated support for each other for the benefit of our population across mid and south Essex, the staff, their own organisations and the wider system. From front-line staff to leaders, we have seen engagement at every level, and as we celebrate the achievements, we can look to the journey ahead with confidence, building and developing what we have learnt so far.”

What has been achieved

Effective use of resources

Driving efficiency is a core principle for MSECC; sharing resources, removing duplication of strategic oversight and improving outcomes for people through consistent delivery.

£16m overall investment across MSECC.

New income



£630K

Urgent Community
Response Team



£130K

for International Recruitment for
additional Allied Health Professionals posts



£350K

Children and Young People
and Paediatric Continence team



£123K

Children and Young People
Asthma Service

£200K

Adults Asthma



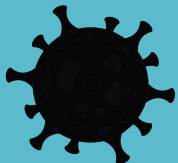
£6.8m

Frailty and respiratory
virtual wards



£1.9m

Breathlessness and diagnostic
provision



£5m

Long COVID provision



£285K

Clinicabins for spirometry



£207K

Training for care home team



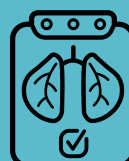
£250K

Children and Young
People's Autism
Assessments



£39K

Pilot of new Doppler
machines



£442K

Pulmonary Rehab

What has been achieved

Effective use of resources



£183K

National Wound Care Strategy



£199K

Diabetes Innovation
Recovery Fund



£120K

Children and Young People's End of Life

Established joint roles, reducing duplication and offering more attractive career paths:

- Joint Operations and delivery directors overseeing community and mental health provision
- Head of Service Virtual Frailty wards
- Head of Service Virtual Respiratory wards
- Associate Director of Children and Young People
- Head of Urgent Community Response Team
- Diabetes Transformation role

Single approach to adoption and oversight of CQUIN (Commissioning for Quality and Innovation) delivery (Contractual quality stretch targets)

Joint procurements underway to drive efficiency in community equipment and single supplier contract development for specialist wheelchair provision

First services transitioning to a new model of delivery, for example: The Urgent Community Response Team (UCRT), with the creation of a single delivery team, standardising delivery and single management oversight to drive consistency and efficiency

Investment in four partnership and delivery directors to oversee operational delivery as one across MSECC and support engagement and delivery of transformed community services

Working across health and social care boundaries through local alliances, with joint appointments with Thurrock Council and Essex County Council, as part of local integration arrangements

Single leadership for transformational change ensuring a single direction and voice for MSECC

Innovative use of the new digital 'Comms Annexe' is producing savings which are increasing



What has been achieved

Effective use of resources



Case study

The Urgent Community Response Team (UCRT) is the entry point to our virtual hospital, providing better experiences and outcomes for people.

- One Head of UCRT across MSE with all teams following the same procedures, working collaboratively to share experiences, learning, and to continuously improve
- One Single Point of Access and one referral criteria across MSE, benefiting referrers including ambulance services (EEAST), hospitals and primary care
- Building trust in UCRT through training initiatives with referrers has driven these efficiencies.

- 8,583 referrals were accepted by UCRT since Jan 2022 to end of Aug 22
- 5,063 attendances have been avoided (based on a 59% attendance avoidance rate)
- 3,519 admissions have been avoided (based on a 41% admission avoidance rate)
- 25,749 bed days have been avoided (based on a 3-day Length of Stay avoidance for all referrals accepted)
- UCRT also improves patient care by enabling people to receive treatment in their homes and improving the overall quality of care
- Partnership working with Ambulance services enabling direct transfer from ambulance 999 stack to UCRT teams

What has been achieved

Effective use of resources



Through working with our partners, we are increasing referrals and actively collaborating, helping to reduce demand elsewhere in the system, which means better and faster care for people.

Since we have built the new team, ambulance crews can directly contact the UCRT via a Single Point of Access. The crews can speak to a triaging clinician who can decide to keep the patient at home and direct the referral to the appropriate service, making the experience a lot less stressful for them.

The team has invested in developing a single source of truth through streamlining data and providing a dashboard that gives a clear and objective view of current performances, challenges and opportunities. This collaborative and consistent approach supports everyone; the patients, the staff and our partners."

Yvonne Mubu, Head of Urgent Community Response Team (UCRT) Services
Mid and South Essex Community Collaborative

What has been achieved

Improved staff experience and retention

Consistent communication across all three organisations has been key to nurturing the MSECC culture internally and to keep staff informed, engaged and listened to. Our ultimate ambition is to co-create collaborative working, so it works for everyone. This culture of collaboration is beginning to see traction amongst wider healthcare teams, enabling colleagues from across the system to champion working together to help drive success.

Workforce Peer Learning Forum established to coordinate workforce activities

Creating opportunities for staff to attend career development events and training irrespective of employing organisation

Network of approximately 800 people consisting of staff, members, governors, clinicians, and external stakeholders has been set up facilitating communications

Joining up events across the sovereign organisations including Asian Heritage Month, Black History Month and LGBTQ Allyship coaching

Engagement framework agreed to support the delivery of outcomes

Empowered staff to work across traditional boundaries leading on change and operational delivery for the collaborative

An Organisational Development/Culture plan has been created to support staff in the understanding and connection to the MSECC

Joint recruitment campaigns for MSECC service delivery areas such as virtual wards



What has been achieved

Improved staff experience and retention



Case Study

The Community Nursing Review is one of the priority areas to help improve working experiences for nurses. Three leads from the three organisations have formulated a way of working together to share ideas about how to recruit and retain nurses and how to improve wellbeing.

- A front-line engagement forum has been running with the community nurses who have identified six priority areas
- A project officer has been appointed to address and follow up issues and challenges
- Joined up action plans are currently being created to help support staff wellbeing, capacity and demand, communications, recruitment, retention and satisfaction
- Reducing paperwork templates to allow nurses more time for patients and less on admin tasks
- An independent study has been conducted - which demonstrates the opportunities and challenges for the future of nursing
- The use of a new doppler machine was piloted by Provide Community and due to its success in reducing waiting times, this has now been rolled out to the other partner organisations, alongside sharing of learning and best practice, demonstrating true collaboration and opportunities for staff development

What has been achieved

Improved staff experience and retention



“It has been fantastic to be able to work with my two fellow Associate Directors at the other two organisations. We have been working as one team to share, champion, praise and engage all community nurses across mid and south Essex and help to address common challenges. Nurses are starting to feel confident about sharing their issues and know that we are serious about tackling some of the challenges they face, such as the impact of very high daily caseloads on their wellbeing, managing patient expectations, travelling time, non-clinical administrative tasks and staffing challenges.

Staff have been very open in sharing their experiences, local innovations and ideas. We have a single co-produced action plan to improve staff wellbeing and going forward, all nurses will be using the same community nursing safer staffing tool which will give us valuable data for benchmarking and progressing wider discussions”.

Mousumi Basu, Associate Director for Integration, Community Health Services, EPUT

What has been achieved

Higher quality and sustainable services

By working closely together, we are able to share best practice across the three organisations, testing and developing new service offers, pathways and innovations to level up quality of care and services across mid and south Essex. Service development takes time to embed, but we are seeing some significant progress in a number of areas.

Virtual Wards

- People are 5x less likely to acquire an infection in the MSE virtual wards, and 8x less likely to experience deconditioning
- 23% people achieved a more independent social care outcome
- 2.5x lower readmission rate than acute equivalent
- 162 community led virtual ward beds as of November 22
- 3,363 patients supported in virtual wards since April 2022

Respiratory

- Overall backlogs are decreasing for pulmonary rehab by nearly 900 since December 2021
- Two Clinicabin spirometry diagnostic units have been launched with a third on the way, providing greater choice for people who can access services closer to home and increased IPC control

Children and Young People Services

Safe transfer of services of The Lighthouse Child Development Centre in Southend from Mid and South Essex Foundation NHS Trust, to Essex Partnership University NHS Trust. The Lighthouse provides services for children and young people with comprehensive assessment, diagnosis and management of developmental, learning and behavioural difficulties. A parent engagement forum is being well received

Wound care

Roll out of 12 additional Doppler machines has enabled reduced assessment time and faster wound care healing times, improving service efficiency and service user outcomes



What has been achieved

Higher quality and sustainable services



Case Study

In 2021, MSECC was elected as the East of England accelerator site for the National Wound Care Strategy, commissioned by NHS England and Improvement (NHS E&I), in response to a call from the House of Lords to improve the care of wounds, easing patient suffering and reducing expenditure on ineffective treatments. Aligning services between the organisations has led to greater consistency of care for people across mid and south Essex.

- The SPOT app is being trialled in EPUT and staff have been feeding back to Provide Community and NELFT. The app has enabled a higher quality and consistency of care, giving patients and staff more confidence
- A standardised service provision across MSE to help reduce inequalities
- Introduced single formulary launches to drive efficiencies
- Some patients, having previously suffered with their wounds for over a year, are being healed within a matter of weeks
- Patients receive better care from an increasingly upskilled workforce

What has been achieved

Higher quality and sustainable services



"Our vision is to transform the care received, using technology and innovation and ultimately reducing the recurrence of wounds and improving the quality of life of people experiencing lower leg wounds. I am excited about what this means for our patients. It shouldn't matter where you live or who is caring for your wound, high-quality consistent care across primary, secondary and community care should be available to all to enhance the care of local people living with lower leg wounds".

Nina Murphy, Interim Operational Lead for Long Term Conditions, NELFT



I have never seen three community nursing provider organisations work together in such harmony and coordination before. The transformation work has been recognised nationally and lauded in the East of England. We have been working together as a collaborative with commissioners, patients, and other specialities in health and social care to standardise and optimise wound care across our 1.2 million people.

This includes work such as one formulary for all clinicians to prescribe from, appointment waiting times and appointment lengths, and uniform education for nurses, whether they be based in hospital or in the community. This solid foundation is a base for collaborative working, not just in wound care, but in any community and hospital care, smoothing pathways and giving continuity for the people."

Dr. Taz Syed
GP Pall Mall Surgery
Safeguarding Named GP (Children and Adults) Southend and Castle Point and Rochford
Chief Clinical Information Officer for Mid and South Essex Integrated Care Board

What has been achieved

Reduction in variation and duplication

Through sharing of best practice and a focus on pathway transformation, teams have started to reduce variation and duplication. This is the aim across all areas of MSECC to ensure consistency in the way staff work and services are delivered.

A target operating model has been developed, providing the framework for where greater consistency will be driven, and bespoke place-based integration delivered

Single service model for UCRT, community beds, respiratory Long COVID and virtual wards

Diabetes

Diabetes transitioning to a single service model with single criteria adopted. All services are now aligned to the same Type 2 education (SWEET 2) model

Intermediate care and Stroke community beds

Development of reconfiguration plans to meet system requirements and national specification

Single clinical leadership identified for each service line across MSECC

Key service areas networked together, enabling collaboration and innovation across teams

Nursing:

- Adoption and roll out of community nursing safer staffing tool
- Adoption of best practice technology across community nursing teams being implemented with the roll out of dictation software, route planning and a SystmOne phone app

Wound care

National recommendations rolled out and service standardised across MSE including single formulary launched to drive efficiencies and consistency

Children Young People

Initial Health Assessment common approach developed

Shared training being adopted: for example respiratory Training Academy and consistent accreditation



What has been achieved

Reduction in variation and duplication



Dr Ronan Fenton, Medical Director for Integrated Care System (ICS) trying out new Raizer Chairs as part of the virtual wards

Case Study

The three sovereign organisations managed to create the three frailty virtual wards at pace, within one month from Dec 21 - Jan 22. The team are striving for consistent care across MSECC and want to work with stakeholders to develop the co-design of a service that benefits the staff, the system and importantly, our MSE population.

- **60** virtual beds have been created, alleviating pressure from hospital wards, achieving less burden on acute staff
- There is one Lead working across all three organisations to promote consistency, efficiency and best practice, reducing variation and duplication
- Less risk for patients who want to stay at home and feel more comfortable
- Patients receive more personal care and staff can identify and prevent any issues in their living environment

What has been achieved

Health equality and equitable access

Aligned to the NHS Long-Term Plan the MSECC aims for a reduction of health inequalities for the mid and south Essex population. We strive for fair and equal access to services across all localities,

Creation of single Health Inequalities plan

Patient Engagement Strategy developed in conjunction with Healthwatch - resulting in improved engagement with local young people

Joint participation in the Anchor Programme:
Supporting local people into work

Creation of stroke health inequalities delivery group for stroke survivors under age 67

Co-production approach being adopted across transformation areas. For example:

- Six patient representatives with Diabetes lived experience have joined the MSECC Diabetes Workstream meetings to improve care for service users

A co-production and health inequalities project is being devised with Healthwatch Essex which will focus on young person transition services in diabetes. This will assess where the cost reductions will be as part of working within the MSECC

Joint participation in the East of England Anti-Racism Strategy

Lighthouse Parent and Carer group established and meeting monthly as part of the transition of services. Families can share their views and feel listened to during the transition



What has been achieved

Health equality and equitable access



Case Study

Building on the success of the Essex Vax Van, MSECC has pioneered a successful outreach model to give residents in hard-to-reach areas, access to high quality proactive and preventative care for long COVID syndrome and its symptoms.

An outreach van travels to communities to offer health checks and diagnostic tests in the mobile clinic for adults, children and young people, including:

- Blood pressure
- Heart rate
- Oxygen saturation
- Spirometry and other tests for breathlessness
- 6-lead electrocardiography

The team is also working with local teams to provide information on smoking cessation, social prescribing and local facilities. People already referred to the long COVID team can be booked into appointments at the van, as well as being able to 'walk-in' to the mobile clinic. People can talk to the team about how to recognise the symptoms of long COVID. The mobile clinic is not a replacement for a full assessment for long COVID, but it does start a conversation that may be followed by a referral to a GP.

- 2,077 referrals since the service opened
- The service is now on track to bring waiting times below 15 weeks - it is performing well against other areas

Our journey ahead

The future for the Mid and South Essex Community Collaborative brings the opportunity to consolidate on the progress made and achievements highlighted in this report. As part of our engagement with key stakeholders we have gathered feedback on what working within MSECC means to them. We will use this insight to help shape what we need to do for the future to ensure we put people at the heart of what we do.

The overarching strategy will be anchored around three core areas of focus:

Improve

Working together to improve, optimise and drive consistent delivery of community services

Integrate

Enabling the integration of community physical and mental health services with developing Neighbourhood models at place

Innovate

Taking a lead role within the system to develop and deliver innovative models of care and use of technology

Delivery of these will evolve over time as the MSE Community Collaborative further matures to respond to system requirements and local stakeholder input. Further detail on this can be found in 'Our Journey ahead: The next 3 years' which is due to be published shortly.

Thank you for taking the time to read this report.

If you have any questions or would like to find out more about the mid and south Essex Community Collaborative please email askus@communitycollaborative.co.uk

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