

## **MSE Integrated Care Partnership, 16 November 2022**

### **Agenda Number: 06**

### **Mid and South Essex Community Collaborative: Our Journey to date**

#### **Summary Report**

##### **1. Purpose of Report**

To provide the integrated partnership board with an overview of progress of the Mid and South Essex Community Collaborative, highlighting achievements to date and focus moving forward.

##### **2. Executive Lead**

- Name: **James Wilson**
- Job Title: **Director of Transformation**

##### **3. Report Author**

- Name: **James Wilson**
- Job Title: **Director of Transformation**

##### **4. Responsible Committees**

N/A

##### **5. Financial Implications**

N/A

##### **6. Details of patient or public engagement or consultation**

N/A

##### **7. Conflicts of Interest**

None identified

##### **8. Recommendation/s**

The Integrated Care Partnership is asked to

- 1) Note the progress and achievement to date of the Mid and South Essex community collaborative
- 2) Provide any feedback on the future direction to inform the collaborative strategy.

Mid and South Essex  
Community Collaborative



# Our Journey so far

James Wilson, Director Transformation

# Background

Mid and South Essex Community Collaborative fully established from Oct 2021

## Priorities

1. Improve patient outcomes, by reducing variation and ensuring sustainability
2. Establish place based integrated health and care services wrapped around primary care networks

## Delivered through

- Joint programme of change
- Joint oversight of operational delivery
- Shared delivery teams
- Integrated place based leadership (mental health and community)
- Joint governance with delegation
- Contractual Joint Venture agreement underpins



Essex Partnership University  
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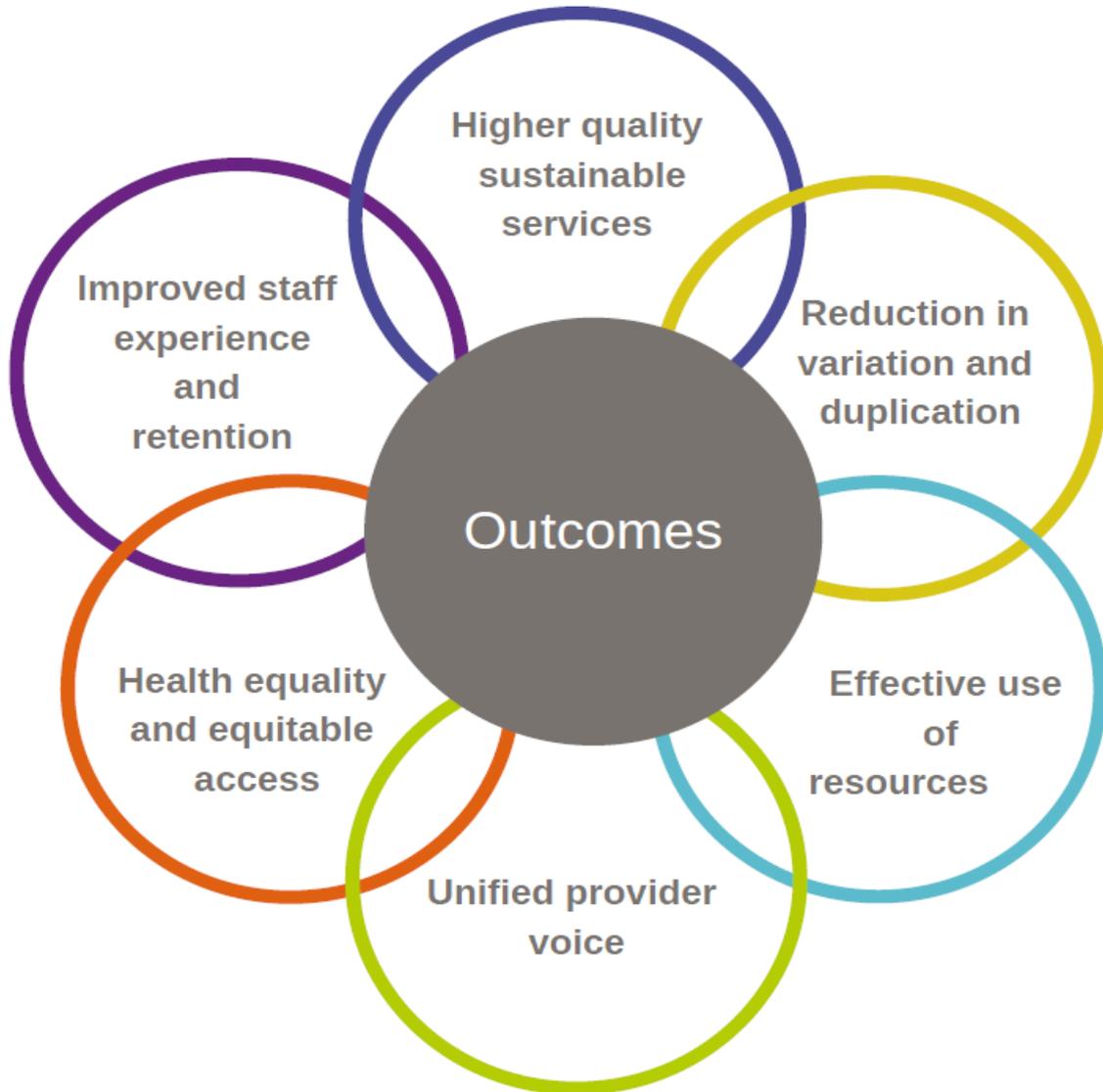
NHS Foundation Trust



• The **vision** for the MSE Community Collaborative is to deliver:

***“A consistent and outstanding  
Community Health and Care service  
for residents across Mid and South  
Essex.”***

# Focus



## Priorities

1. Improve patient outcomes, by reducing variation and ensuring sustainability
2. Establish place based integrated health and care services wrapped around primary care networks

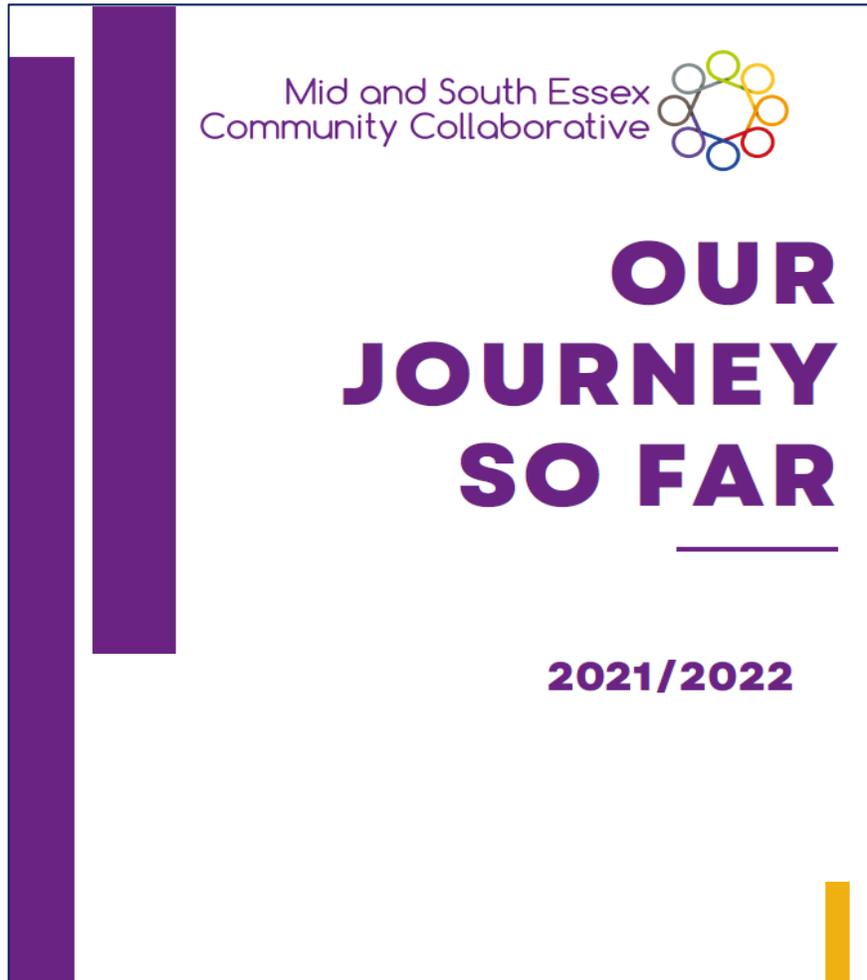


## Case study

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

- We have **one Head of UCRT across MSE** with all teams following the same procedures, working collaboratively to share experiences, learning, and continuous improvement
- **One Single Point of Access** and one referral criteria across MSE, benefiting referrers including ambulance services (EEAST), hospitals and primary care
- **Referrals** to UCRT have **increased** to now **over 1000 per month**
- **87% help avoid acute admissions**, reducing demand elsewhere in the system, saving £308 per bed.
- **Building trust** in UCRT through training initiatives with referrers has driven these efficiencies.
- 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** service enabling direct transfer from ambulance stack to UCRT teams





- Due for publication December
- Annual report summarising progress of the collaborative and achievements

# Summary Achievements (1)

## Higher quality sustainable services

- Creation of 120 Virtual Ward beds resulting in 8x less likely for patients to decondition, 5x less likely to acquire infection
- UCRT optimised with 1000+ referrals a month
- 3 x clinicabin deployment to reduce spirometry backlogs
- Transition of lighthouse Children's young peoples provision under community

## Effective use of resources

- 16M investment secured in community services
- Joint procurements to drive efficiency and consistency
- Joint operational and clinical oversight of service provision
- Joined up response to system pressures including winter resilience planning
- Single approach to contract oversight and CQUIN delivery
- Host of national provider collaborative workforce peer learning network

## Reduction in variation and duplication

- Target operating model agreed to drive consistency and reduce variation
- Single service model for UCRT, Community beds, Respiratory, Long COVID and Virtual Wards
- Wound care service standardised, adopting national best practice and use of new technologies
- Single diabetes criteria and type 2 education software
- Tissue viability single formulary adopted
- Single ASD pathway developed and backlog reduction
- Single respiratory training academy
- Alignment of practice within infection prevention control
- Adoption of community nursing safer staffing tool

# Summary Achievements (2)

## Health equality and equitable access to services

- Development of single inequalities plan
- Joint participation in East England anti racism strategy
- Patient engagement strategy developed in conjunction with Healthwatch
- Dedicated Stroke Inequalities Pilot with NHSEI
- Using Vax van, a successful outreach model has been developed to give residents in hard-to-reach areas, access to high quality proactive and preventative care for post COVID syndrome and its symptoms.

## Unified Provider Voice

- Contractual Joint Venture Agreement in place
- Delegated decision making to single governance structure
- Single change and operational oversight through investment in joint roles
- Development of Memorandum of Understanding between all Partners

## Improved staff experience and retention

- Joint people framework agreed to set the strategic direction for how we collaborate on workforce
- Joint leadership forum established to share best practice and empower collaboration
- Sharing training and resources (safeguarding )
- Engagement network of over 800 established
- Joint roles reducing duplication and offering more attractive career pathways. Examples include
  - Joint Operations and delivery directors overseeing community and mental health provision
  - Head of service virtual wards
  - Joint Director of Children and Young People
  - EOL children and young people lead
  - Head of Urgent community response team
  - Diabetes transformation role

# Our Journey ahead

- **Innovate**

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

- **Improve**

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

- **Integrate**

Enabling place based integration of community and community mental health services with other local services