

AGENDA
MID AND SOUTH ESSEX COMMUNITY COLLABORATIVE
COMMITTEES IN COMMON

Part I – In Public

Wednesday 25th March 2026 – 10:00 – 10:25
Wren House, Colchester Road, Springfield, Chelmsford CM2 5PF – Plume & Marconi

No.	ITEM	LEAD	REQUIREMENT	PAPERS	TIME
Formalities and Administration					
1.	Apologies for Absence Hattie Llewelyn-Davies Michelle Stapleton Lucy Wightman	Robert Parkinson, Chair	Information	Verbal	10:00
2.	Declarations of Interest	Robert Parkinson	Information	Attached	10:01
3.	Minutes of meeting 27th November 2025	Robert Parkinson	Approval	Attached	10:02
4.	Action log following 27th November 2025	Robert Parkinson	Information	Attached	10:03
5.	Matters arising from previous minutes	Robert Parkinson	Information	Verbal	10:04
Collaborative Update					
6.	MSE Community Collaborative Update Report	James Wilson	Information	Attached	10:05 (5mins)
Essential Business					
7.	Finance Update	Trevor Smith	Information	Verbal	10:10 (5mins)
Assurance					
8.	Accountability Framework including exception reporting	Alex Green and functional leads	Assurance	Verbal	10:15 (5mins)
Questions from the Public					
9.		Robert Parkinson	Verbal	Discussion	10:20 (5mins)
Any Other Business					
10.		Robert Parkinson	Verbal	Discussion	
Meeting End					10:25
Future agenda items: May 2026 - Beverley Flowers – Introduction and ICB update					
Date of next meeting: Wednesday 27 th May 2026, 10:00-12:00 – 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
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 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 GP Partner - Colne Valley Primary Care Network	Primary Care Partner, Member on the MSEICB Member of the GP Provider Collaborative for MSE	None	None	25.07.2024
Dollery Caroline Dr.	Primary Care Non-Executive Director	North East London Foundation Trust (NELFT)	GP Partner - Beacon Health Group Clinical Director - Aegros PCN	Trustee - Open Road Charity - Chair their Clinical Governance Committee and sit on Board Trustee - Kids Inspire - Safeguarding lead and sit on Board 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
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 Director - React Homecare Limited Director - Provide Care Solutions Ltd Director - Provide Equipment Hub Limited 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 Director - Albion Outlook Ltd Director - Provide Wellbeing Ltd Director - Brantree Healthcare Ltd Director - Provide Digital Ltd Director - Provide Group Ltd Director - Provide Care Solutions Ltd Director - Provide Property Ltd Director - React Homecare Ltd Trustee - Ormiston Families Director - Provide Equipment Hub Limited				25.06.2024
Sitch Tania	Non-Executive Director	Provide Community Interest Company (Provide CIC)	Employee of Provide CIC Director - React 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
Suresh, Kallur Dr	Chief Medical Officer (Interim)	Essex Partnership University Foundation Trust (EPUT)					
Taylor Eileen	Chair	North East London Foundation Trust (NELFT)	Chair - East London Foundation Trust (ELFT) Chair - MUFG Securities EMEA Plc 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	Honorary Professorship - University of Essex Member - Health Council at Reform (Health Think Tank) Fellow - Faculty of Public Health Member - UK Public Health Register (UKPHR) Member - Nursing and Midwifery Council (NMC) 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)

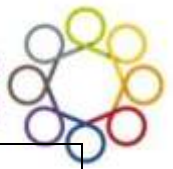
PART I – IN PUBLIC

27th November 2025

11am-12.10pm

Provide CIC, Colchester Business Park, 900 The Crescent, Highwoods, Colchester
CO4 5YQ – Elm Room

Members present:		
Robert Parkinson (Chair)	RPa	Group Chair, Provide CIC
Dr Hélène Brown, <i>deputising for Dr Caroline Allum</i>	HB	Acting Chief Medical Officer, NELFT
Clare Burns	CB	Executive Director of Partnerships, NELFT
Paul Calaminus (remote)	PC	Chief Executive, NELFT
Luis Canto E Castro	LC	Lived Experience Leader
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
Alex Green	AG	Executive Chief Operating Officer, EPUT
Brid Johnson	BJ	Chief Operating Officer, NELFT
Hattie Llewelyn-Davies	HLD	Chair, EPUT
Paul Scott	PS	Chief Executive Officer, EPUT
Tania Sitch	TSi	Non-Executive Director, Provide
Debbie Smith, <i>deputising for Wellington Makala</i>	DS	Director of Nursing, NELFT
Michelle Stapleton	MS	System Integrated Care Pathway Director, MSEFT
Lucy Wightman	LW	CEO, Provide Health
James Wilson	JW	Collaborative Lead Director, MSECC
Invited Guests:		
Nicole Rich	NR	Director, West Essex Community Health Services, EPUT
In attendance:		
Chris Jennings	CJ	Assistant Trust Secretary, EPUT
Minutes:		
Claire McPherson (remote)		MSECC CiC administration support, MSECC
Apologies:		
Caroline Allum		Chief Medical Officer, NELFT



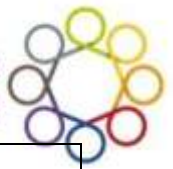
Judith Friedman		Executive Director of Allied Health Professionals, Psychological Professions & Social Work, NELFT
Mark Harvey		Executive Director of Adult Social Services, Southend City Council
Milind Karele		Executive Medical Director, EPUT
John Lutchmiah		Lived Experience Leader
Moira McGrath		Director Adult Social Care, Essex County Council
Wellington Makala		Executive Chief Nursing Officer, NELFT
Robert Persey		Interim Executive Director for Adults & Health, Thurrock Council
Philip Richards		Chief Finance Officer, Provide CIC
Trevor Smith		Chief Finance Officer, EPUT
Eileen Taylor		Chair, NELFT

Formalities and Administration

1.	Welcome and Introductions RP opened the meeting. Introductions were made and apologies were noted as set out above. No members of the public were present.
2.	Declarations of Interest Dr H�el�ene Brown to submit a Declaration return.
3.	Minutes of the Meeting held on 25th September 2025 The minutes of the meeting held on 25 th September 2025 were agreed as an accurate record.
4.	Action Log from the Meeting held on 25th September 2025 No open actions remain on the log.
5.	Matters Arising from Previous Minutes None.

Collaborative Update

6.	MSE Community Collaborative update report JW talked through his Collaborative update report highlighting the following: <ul style="list-style-type: none"> • The significant changes in the system present opportunities for MSECC; • Common theme around change and how we respond; • Work underway with the ICB on Define & Agree to reach a sustainable financial contract position. Applied methodology to first three services and agreed the need to complete these 3 services before moving to next set of services due to competing constraints – acknowledging that this process is time-intensive and requires prioritisation; • SystemOne Integration continues under the Programme Board’s oversight, with the first service about to commence; • Virtual Hospital proposal submitted to ICB; • UCRT integration with UCCH and closer alignment with Virtual Ward work continues. • Diabetes model clinically signed off. Workshops planned to support patients closer to home using a geographical approach; and • Significant work taking place on workforce modelling.
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	<p>It was formally noted that this is Jo Debenham's last meeting after a number of years working within the Collaborative. Jo has secured a position in EPUT.</p> <p>Nicole Rich joined the meeting at 11.15am.</p> <p>The Committee noted the contents of the report and no questions were raised.</p>
Essential Business	
7.	<p>Finance Update</p> <p>James Wilson gave an update:</p> <ul style="list-style-type: none"> • No paper shared ahead of the meeting; slides to be circulated after the meeting. <p>ACTION: Finance update slides to be circulated after the meeting. TS/JD</p> <ul style="list-style-type: none"> • Key focus is Planning with first submission due 17.12.25; • Need to move rapidly to full cost reporting model to understand financial health; and • M6 SLR produced, currently being validated prior to sharing. <p><u>Discussion</u></p> <ul style="list-style-type: none"> • Financial information and timing is key if we are to deliver within the envelope; • Ongoing challenges around moving out of organisation. Progress made but not fully socialised. Need to fully understand full cost, not just direct costs. <p>It was requested that national financial context be included in reports going forward (e.g. minimum wage increase).</p> <p>ACTION: National finance context to be included in Finance Update going forwards.</p> <p><u>Define & Agree</u></p> <ul style="list-style-type: none"> • Timeline still being agreed with first 3 services looking to finalise shortly. • Enormous task to look at rest of services. Having conversations around consolidating however it's complex, due to outdated specifications and moving parts. • In conversation with Nicole Rich and have the opportunity to standardise offer across whole of Essex (see next agenda item). • Current process is resource-heavy. Aim to do this in the least painful way.
8.	<p>Neighbourhood Health – Presentation from West Essex</p> <p>Presented by Nicole Rich.</p> <p>NR talked through the slide deck (attached).</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Blueprint for Neighbourhood Services model could span multiple NHS provider footprints, scaled across Essex 6-8 times, ideally based within Community Hospitals. • No natural hub in Harlow; gaps in Dunmow (huge housing explosion). • NR extended invitation to CiC members to visit as 'critical friend'. • Consistency is vital – we have borders and we can't patch differences in care closer to home, resulting in inequalities. • Relationships between community nurses and mental health nurses are key. Need flex to change. • Look at combining primary and community nursing workforce. • Key is joint ownership and delivery of services. Biggest frustration in mid Essex is lack of visible outcomes from the Community. • There is opportunity with commissioning intentions to start afresh.

ACTION: NR agreed to share West's Local Delivery Plan dashboard.

NR was thanked for her time.

9. Board Briefing: Neighbourhood Health Development

JW talked through the briefing paper and talked through the concept of MSECC's role in the neighbourhood health development agenda. The paper describes outputs from September's discussion.

Have been in conversations with Anna Davey and Caroline Dollery to explore our approach and do this shoulder to shoulder with Primary Care.

There are 2 broad areas:

- Strategic alignment with Primary Care. Create the right forum, noting we would have to hold some of the risk together rather than the ICB.
- Enable and position changes, recognising facilitation of good data, workforce development, building on community engagement skills and wraparound delivery and supporting Primary Care with new contracting models.

JW summarised that we have broad support for direction of travel with further discussion needed on the `ask' and engagement with LA and voluntary sector along with the ICB for support. A further discussion planned for this evening and hopefully the output of that will give us permission to move forward.

Noted the need to balance strategic work with day-to-day delivery.

Discussion:

AD in support of direction of travel, noting it's exciting to have a new opportunity to do things differently. Talking about integrated working at neighbourhood level, the GPPC is a MSE organisation but moving to a GP collaborative for all of Essex and the aim is to be formed by the time the new ICB forms in April 25.

Noted the need to engage the Acute and to inform our workforce, to ensure they are engaged with us.

Assurance

10. Accountability Framework including exception reporting

Alex Green talked through the Assurance Report, highlighting the following:

- AF is held monthly with all providers present with a focus on risks.

Four current high-rated risks – actions are in place to mitigate but remain under constant scrutiny:

- CYP ADHD and Autism waiting times;
- Shared care medication arrangements;
- Primary Care prescribing opt outs; and
- General resource and capacity and demand.

AG noted the solutions are in different ways of working.

Domains

Quality & Safety

- Quality Assurance Group is strengthening;
- Escalated Shared Care arrangements as transport arrangements are under review
- Joint work underway on QIAs which will use the new national guidance to strengthen the collaborative approach; and



- KPIs being delivered with 1 risk we need to keep an eye on (VTE risk assessment).

Workforce & Culture

The AF meeting discussed the risk of Jo Debenham's departure from the MSECC. The risk has moved to Amber and a solution is needed, particularly given the work we are going to be doing with our staff.

Operational Performance

- Focus on waiting times, especially in Children's services; and
- Actions are underway to reduce waiting times for Continence, Spirometry and Adult Speech and Language services.

Finance

- Define & Agree Process – Work with ICB continues; rollout beyond initial three services paused pending capacity discussions.
- Service Line Reporting update shared with CFO group with wider sharing from Jan 2026. Noted Planning process underway with first submission due 17 Dec;
- Service Development & Funding – Costings for Stroke and IMC underway; IMC spec being implemented. Workforce feasibility under current funding assessed.
- ~~Touched on finance and Define & Agree process.~~

The Committee noted the contents of the Assurance report and no questions were raised.

Questions from the Public

11. No members of the public were in attendance.

Any Other Business

12. None raised.

The meeting closed at 13:00

Date and Time of Next Meeting: Tuesday 27th January 2026, 10-12pm – Wren House, Colchester Road, Springfield, Chelmsford CM2 5PF – Plume & Marconi

Signed
Robert Parkinson, Chair

Date.....

**Mid and South Essex Community Collaborative
Committees in Common (in Public)
Open Actions**



Action Number	Board Date	Agenda Item/Action	Owner	Due date for completion	Comments	Open/Closed
129	27.11.25	Finance Update: Slides to be circulated after the meeting.	TS/JD			CLOSED
130	27.11.25	Finance Update: National finance context to be included in Finance Update going forwards.	TS/JD			CLOSED
131	27.11.25	Neighbourhood Health - Presentation from West Essex: Claire to arrange for West's Local Delivery Plan dashboard to be shared.	CM		Circulated 09.12.25.	CLOSED
132	27.11.25	Declarations of Interest - Dr Hélène Brown to complete a return.	HB		Requested.	CLOSED

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	25 th March 2026		
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 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 <input checked="" type="checkbox"/>			
MSE Community Collaborative Strategy & Transformation <input type="checkbox"/>			
MSE Community Collaborative Core Leadership Team <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)			

Mid and South Essex Community Collaborative (MSECC)

Committees in Common (CiC)

MSE Committees in Common: Overview November – March 2026

The winter period has demonstrated the Collaborative's strong and coordinated response to system pressures. The ICB's post-winter review highlighted the positive contribution of the Collaborative, noting that patient flow was well-maintained and that the flexibilities agreed within the winter plan were used effectively to support the wider system.

This period has seen further change across the system. Executive appointments within the newly forming Essex ICB have now concluded, interim leadership arrangements have been put in place within MSEFT, and the wider ICB restructure is entering its final weeks, resulting in a significantly streamlined workforce.

We have continued to refine our operating model. We are currently seeking formal confirmation from the ICB regarding future commissioning intentions for the Community Services Contract beyond March 2027. This includes seeking support for changes to material subcontracts to consolidate service delivery under single providers.

Planning has been a major area of focus over winter. A big thank you to everyone involved in successfully developing a single MSE Community Collaborative planning submission, covering both activity and performance. It is important to note that there are further opportunities related to 'left-shift' that are yet to be built into plans. We are actively exploring these with Acute and wider system colleagues to firm up future opportunities.

We have embarked during this period jointly with the ICB a Contract Service Line Review to ensure the contract is accurate, up-to-date, and reflective of current service delivery. This follows on from a pause of the more complex 'Define and Agree' process which was mutually agreed as not achieving the intended aims in a timely manner. The Service line review will help provide a useful baseline from which future change can be tracked.

In parallel, extensive work has been undertaken with primary care—particularly in shaping how we can accelerate the development of the Neighbourhood Health Model. We are supporting Primary Care and GP Essex Collaborative to establish primary care-led strategic groups at place to guide the model's design and implementation. This approach, endorsed by the ICB, helps maintain momentum during a period of structural transition. The initial focus is in Mid Essex, with plans to expand the model across other areas over time.

Final amendments to the MSECC Operating Model Governance Manual have been completed following broad stakeholder engagement and endorsement from the MSECC Governance Group. The manual sets out the Collaborative's agreed arrangements to ensure services are delivered safely, effectively, and in a well-coordinated way.

Meanwhile, our transformation and change programmes continue to progress alongside day-to-day service delivery. Key updates for this period are summarised below.

SystemOne Integration

Work to integrate SystemOne units across the Collaborative is advancing at pace. Adult Speech and Language Therapy services have successfully integrated, with Diabetes and Virtual Ward services scheduled to follow in the coming weeks. This represents a major milestone and will act as a key enabler for closer multi-disciplinary working and more efficient use of resources.

Virtual General Hospital

Within the Virtual General Hospital, the Collaborative has secured additional two-year funding to strengthen senior clinical oversight and enhance clinical governance. A recent Orthopaedics pilot delivered a significant impact, achieving an eight-day reduction in acute length of stay. We are looking to expand this further as part of our 'left shift' opportunities. The Respiratory Virtual Ward is preparing to implement remote monitoring technology, aligning with the Doccla-enabled model already operating in West Essex. This is expected to go live in April.

UCRT

Referrals from UCRT into the Virtual Ward have increased as a result of a recent quality improvement initiative and we are doing further work with the ICB on opportunities to increase referrals in line with national expectations.

Children & Young People (CYP)

Work with Children and Young People's services continues with additional medical capacity secured to support Initial Health Assessments while the new service model is embedded. The CYP Asthma service is now fully mobilised across MSE and is delivering high-quality care.

Additional ICB-funded capacity has been introduced to reduce the longest ASD/ADHD waits and support a reduction in 52-week breaches. Further investment in non-medical prescribing has been secured to enhance the delivery of medication reviews.

Diabetes: Hybrid Closed Loop (HCL)

The implementation of Hybrid Closed Loop systems for eligible diabetes cohorts has been completed and the service has transitioned into business-as-usual delivery.

Frailty & FrEDA

Work to support residents living with frailty continues to strengthen, with increased use of the FrEDA tool across community services and ongoing completion of Frail+ training.

Workforce

During this period, the departure of our Workforce Lead has impacted our ability to coordinate People priorities across the Collaborative. To address this, EPUT has agreed to enhance support through its Business Partnering structure to bridge the current capacity gap.

Performance

Performance oversight has been a particular focus during this period. Overall, the Collaborative continues to meet the majority of its KPIs, although waiting times within Children and Young People's services remain the most significant area of concern. These issues are being closely monitored and addressed through the established accountability framework.