

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Wednesday, 20th March, 2019

Time: 5.00 pm

Place: Darwin Room - Tickfield Centre

Contact: Robert Harris

Email: committeesection@southend.gov.uk

A G E N D A

- 1 Apologies for Absence**
- 2 Declarations of Interest**
- 3 Minutes of the Meeting held on Wednesday 23rd January 2019 (Pages 1 - 4)**
Minutes attached.
- 4 Public Questions**
- 5 CCG Annual Report (Pages 5 - 100)**
Report of the CCG Interim Accountable Officer attached
- 6 A Better Start Southend Progress Update (Pages 101 - 108)**
Joint Report of the Better Start Chair and Director attached.
- 7 Southend Better Care Fund 2019/20**
Report of the Strategic Director (Finance and Resources) to follow.

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 23rd January, 2019

Place: Seacole Room - Tickfield

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Present: Councillor L Salter (Chair)
Dr J Garcia-Lobera (Deputy Chair),
Councillors M Davidson, F Evans and R Woodley.
J Broadbent, S Dolling, Mr A Khaldi, A Griffin, S Leftley, S Morris,
J Cripps, M Longley, K Ramkhelawan and C McCarren (Southend
CCG)

In Attendance: R Harris, N Faint, S Baker and I Diley.

Start/End Time: 5.00 - 6.30 pm

625 Apologies for Absence

Apologies for absence were received from Councillors Lamb and Willis (no substitutes).

Apologies were also received from K Jackson (sub: M Longley), J Gardner, Y Blucher, C Gritzner, Dr Chaturvedi, M Freeston, E Chidgey and C Panniker.

626 Declarations of Interest

The following declarations of interest were made:

(a) Councillor Salter – Agenda Item 7 (NHS Long Term Plan) – non-pecuniary interest – husband is Consultant Surgeon at Southend Hospital; daughter is a doctor at Basildon Hospital and son-in-law is a GP in the Borough;

(b) Dr J. Garcia-Lobera – Agenda Item 7 (NHS Long Term Plan) – non-pecuniary interest – practicing GP in the Borough;

627 Minutes of the Meeting held on Wednesday 5th December 2018

Resolved:-

That the Minutes of the Meeting held on Wednesday 5th December 2018, be confirmed as a correct record and signed.

628 Public Questions

There were no public questions.

629 Health in all Policies

The Board considered a report of the Director of Public Health proposing the adoption of the Health in All Policies (HiAP) approach as a collective tool to further enhance and build on collaboration. In addition to the report the Board also received a Power Point presentation providing a more detailed overview of the HiAP approach.

The Board asked a number of questions which were responded to by the Director of Public Health. The Board recognised the opportunities of a wider system approach and the significant benefits of incorporating health in all policies and across a wider sector (i.e. planning, climate change, etc).

The Board noted that there were eleven key areas and gave consideration to which of these key areas should be the main focus for the Board and where a deep dive into the issue was needed (e.g. teenage pregnancy). The Board discussed the health indicators in more detail under the JSNA item below.

Resolved:

1. That the five key principles set out in the report to support the adoption of a Health in All Policies approach to further promote and cement local collaboration including locality working, be endorsed.

2. That the partners engaged in the activities of the Board will actively support a Health in All Policies approach to strategy development, programme delivery and process design reflecting the Health and Wellbeing priorities for the borough and the wider commissioning and service and infrastructure development landscape.

630 The JSNA Summary Report

The Board considered a report of the Director of Public Health summarising the key findings from the 2018/19 Joint Strategic Needs Assessment (JSNA) for Southend-on-Sea. The summary included the current and projected population change, wider demographical information and information on the determinants of health, health inequalities and mortality.

The Board asked a number of questions which were responded to by officers. The Board also noted the change in approach and the development of a programme towards a more interactive and 'live' dashboard of indicators.

The Board discussed the key health areas and recognised that this was a long term approach to improve the lives of the population of the borough, i.e. the benefits and outcomes from the activity / work done now may not be seen for 5 years or more.

On consideration of the key areas that should have a specific focus and activity for the next twelve months the Board was mindful that some of the performance data/information in the JSNA was not current and did not necessarily reflect the current picture (e.g. teenage pregnancy data is from 2016).

Resolved:

1. That the JSNA summary report, be approved.
2. That sexual health (specifically teenage pregnancy) be an area of key focus and activity for the next twelve months and the progress be reviewed through the high level action plan to embed the Health in All Policies approach to tackle health inequalities, reduce demand on public services and improving lives.

631 NHS Long Term Plan

The Board considered a report of the Interim Accountable Officer, CCG, presenting the NHS Long Term Plan.

The Board discussed the opportunities and the challenges which the Plan presented, particularly the challenges around workforce capacity, i.e. there is additional funding but not the staff to deliver.

Resolved:

1. That the importance of progressing the direction of travel outlined in the 'Localities Strategy' (presented to the Board on 18th September 2018) in which collaborative working will be key to the delivery of local NHS plans and ambitions, be noted.
2. That the commitment to ensure local plans are aligned to Southend 2050 ambitions, be noted.

Chairman: _____

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Southend Health & Wellbeing Board

Agenda

Item No.

5

Report of

Tricia D'Orsi, Interim Accountable Officer,
Southend and Castle Point & Rochford CCGs

To

Health & Wellbeing Board

On

20 March 2019

Report prepared by:

Angela Wong Keet, Communications & Engagement Officer
Southend and Castle Point & Rochford CCGs

<input checked="" type="checkbox"/>	For discussion	<input type="checkbox"/>	For information only	<input type="checkbox"/>	Approval required
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Southend CCG's DRAFT Annual Report 2018/19

Part 1 (Public Agenda Item)

1 Purpose of Report

The purpose of this report is to:

- 1.1 Present Southend CCG's **Draft** Annual Report 2018/19 to the Health and Wellbeing Board for review and feedback.

HWB are asked to:

- 1.2 Review and provide feedback on Southend CCG's Draft Annual Report 2018/19.

2 Background

- 2.1 Southend CCG is required to involve the HWB in the production of its Annual Report as per national guidelines.
- 2.2 The report is still at a very early draft stage and there is still work that needs to be done on it. There is also outstanding information which will not be available until April 2019. However, Southend CCG is sharing this early draft with HWB members, and would welcome any feedback as this will help to shape the final annual report.
- 2.3 Southend CCG plans to share a later draft version of its Annual Report with HWB for information, by email in April, before it is submitted to NHS England.

- 2.4 All CCGs are required to submit their draft Annual Reports for 2018/19 to their external auditors and to NHS England by Thursday 18 April 2019.
- 2.5 The deadline for CCGs to submit their final audited Annual Report and Accounts for 2018/19 to NHS England is Wednesday 29 May 2019.
- 2.6 CCGs are also required to publish their final Annual Report and Accounts for 2018/19 on their websites by Friday 14 June 2019 and to present them at a CCG meeting held in public by 30 September 2019.
- 2.7 Southend CCG's Annual Report and Accounts will be presented at its Annual General Meeting on Wednesday 25 September 2019.

3 Reasons for Recommendations

- 3.1 To involve the HWB in the production of Southend CCG's Annual Report (2018/19) and meet national requirements.

4 Financial / Resource Implications

- 4.1 Nil

5 Legal Implications

- 5.1 Nil

6 Equality & Diversity

- 6.1 Nil

7 Appendices

- 7.1 Southend CCG's **Draft** Annual Report 2018/19.

DRAFT

Southend CCG

Annual Report and Accounts 2018/19

This document can be provided in alternative formats upon request, such as larger print, easy read, braille, audio format and different languages.

DRAFT Version 2
23/03/19

V1	21/02/19	Circulated to Governing Body & Audit Committee for review & feedback
V2	08/03/19	

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WELCOME from our Chair

To be added

Performance Report

To be signed by Interim Accountable Officer
Date

Performance Overview

Accountable Officer's Foreword

To be added

About us

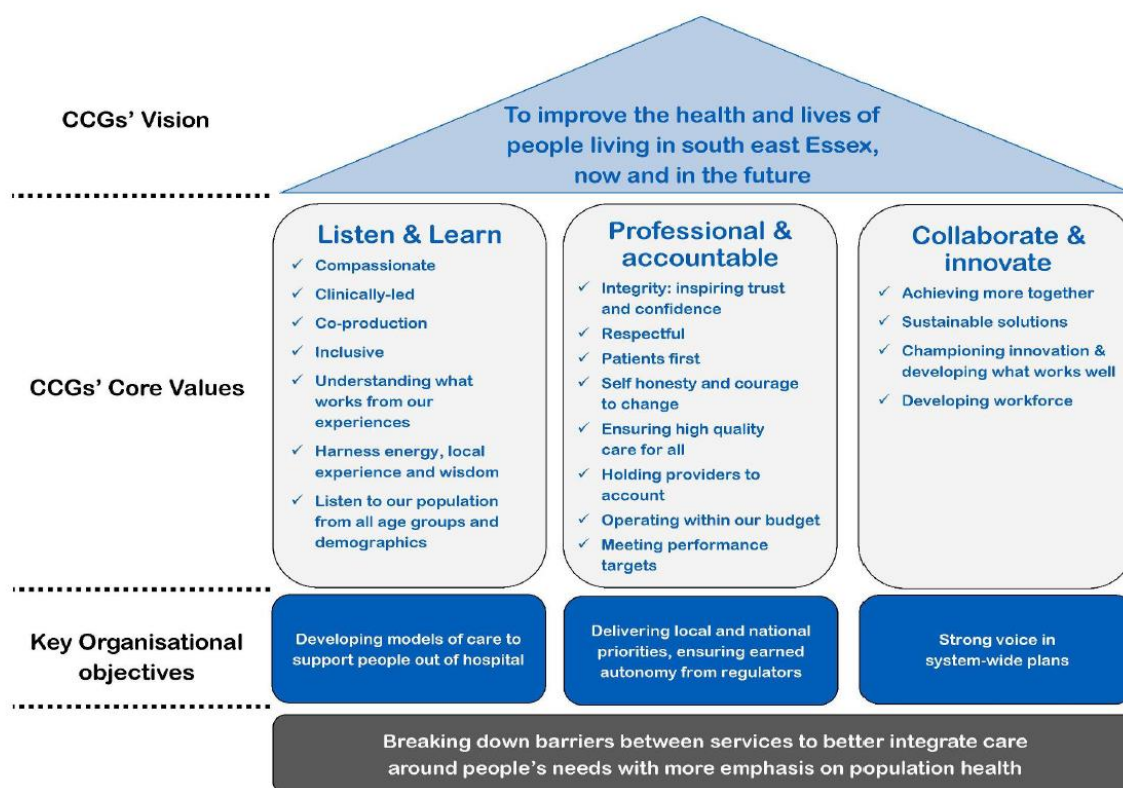
NHS Southend Clinical Commissioning Group (CCG) was formally established on 1 April 2013. We are a clinically led organisation that commission (buy) health services for our local population from an allocated budget. Southend CCG co-commission primary care services as of 2017.

Locality overview

Southend is one of the most densely populated areas in Essex and NHS Southend CCG covers a population of approximately 185,000 in Southend, Leigh, Westcliff and Thorpe Bay; with more than 18,000 patients over the age of 75.

Our vision, values and objectives

We work closely with Castle Point and Rochford CCG and during 2018/19 we adopted a joint management structure. Together with Castle Point and Rochford CCG, we have a joint vision, as well as joint values and objectives for south east Essex.



Key risks and challenges – the need for transformation

We already face an unprecedented demand upon our health and social care services at a time when funding levels are reducing. We know that these challenges will intensify over the coming years as our older population increases and the number of residents with multiple and complex health and care needs grow.

We have an ageing population with some significant health needs, and this is expected to grow over the next five years.

Due to these system pressures hospital and community services are under intense pressure, often relying upon agency staff to cover gaps in staffing. Services have evolved into complicated systems for patients, carers and even our own staff to navigate, which can result in inequitable provision and needless duplication.

In addition, we have a number of small GP practices and shortages in some staff groups, so effective workforce planning is essential to ensure that we are able to continue to meet the needs of our population.

Health inequalities are still increasing and demand for services is rising, so it is vital that we make the best use of our resources and ensure that services are sustainable for the years to come. The unprecedented financial and service pressures facing health and social care cannot be tackled by making incremental adjustments to existing services and ways of working.

As a result, our operational plan focuses on the need for transformation and change across acute, community, primary care services and workforce, with the aim of developing services that are needs, rather than system-led.

Key facts and figures

Headquarters	NHS Southend CCG, Floor 6, Southend on Sea Borough Council, Civic Centre, Victoria Avenue, Southend on Sea, Essex, SS2 6ER
Communities covered	Southend is covered by the unitary authority - Southend-on-Sea Borough Council
Population (registered GP)	Approx. 185,000 (registered)
Revenue Resource Limit (for 2018/19)	To be added
Number of GP practices	28 (as at 31 March 2019)
Average Number of employees	To be added after year end (HR to provide)

Where we buy your healthcare

The following table gives a summary of where we commissioned services in 2018/19.

Type of Healthcare	Where we buy it from on your behalf
Community Services: This includes, district nursing, speech and language therapy, podiatry, paediatric community nursing.	<ul style="list-style-type: none"> • Essex Partnership University NHS Foundation Trust (EPUT) • ASD Assessment – from a range of specialist centres including Lorna Wing and Portland
NHS hospital services: This includes outpatient clinics, operations and emergency care	<ul style="list-style-type: none"> • Southend University Hospital NHS Foundation Trust (SUHFT) • Spire Wellesley • BMI Healthcare
Mental Health Services: This includes psychological therapies, community mental health teams emotional health and wellbeing service and learning disability services	<ul style="list-style-type: none"> • Essex Partnership University NHS Foundation Trust (EPUT) • Partnership arrangements with voluntary organisations • North East London Foundation NHS Trust (Emotional Health and Wellbeing Service – Formerly called Children and Adolescent Mental Health Services)
Palliative Care and End of Life Services	<ul style="list-style-type: none"> • Fair Havens Hospice • Little Havens Children's Hospice • EPIC (Essex Palliative Integrated Care Respite Service) • J's Hospice
Specialist health services: This includes treatment for specialist cardiac, renal, children's, neurosciences, cancer, genetics and many more.	NHS England Specialised Commissioning commissions these services on our behalf from specialist centres such as:

	<ul style="list-style-type: none"> • Basildon and Thurrock University Hospital NHS Foundation Trust • Great Ormond Street Hospital NHS Foundation Trust • The Royal Marsden NHS Foundation Trust
Emergency health services and transport	East of England Ambulance Service NHS Trust
Integrated Urgent Care (IUC) Services including NHS 111 and GP Out of Hours	IC24
Weekend Primary Care GP services	GP Healthcare Alliance

We also commission primary care services for our local population. See Co-commissioning of Primary Care section on page **XX** for more details.

Financial performance

To be added after year end

This chart shows the CCG's spend profile for the year, by expenditure category:
To be added

NHS Long Term Plan

The NHS Long Term Plan - published in January 2019 – is a new plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, will be spent over the next five years.

The plan focuses on building an NHS fit for the future by:

- enabling everyone to get the best start in life
- helping communities to live well
- helping people to age well

The plan has been developed in partnership with frontline health and care staff, patients and their families. It will improve outcomes for major diseases, including cancer, heart disease, stroke, respiratory disease and dementia.

Commissioning in mid and south Essex

The Mid and South Essex Sustainability and Transformation Partnership (STP)

The mid and south Essex STP is one of 44 such partnerships across England. The Partnership brings together local organisations (acute hospitals, community and mental health providers, Clinical Commissioning Groups), our three local authorities (Essex County Council, Southend-on-Sea Borough Council and Thurrock Council), our three Healthwatch organisations (Essex, Thurrock and Southend) along with clinical and service user representatives to work together to improve the health and care of our 1.2 million population. The organisations meet as a Board, which is independently chaired by Dr Anita Donley OBE.

We are working together to improve the health and wellbeing of the people living in mid and south Essex, by ensuring:

- People get the information, support and access to services they need to live healthy lives for as long as possible
- When people are unwell or need social, mental health or community support, that those services are delivered in a way that meets their needs and are delivered in the best place – whether that's in their home, the local community, a GP surgery, or a hospital

We aim to put our residents at the heart of our health and care system and make sure services are delivered around their needs not individual organisations.

We are working together to develop our staff and teams to ensure we have a health and care workforce of the right size and capabilities able to achieve their full potential, to meet the needs of our residents, We are also committed to developing digital solutions to help support people and deliver care in a safe and efficient way.

The Partnership has agreed three strategic work programmes, led by senior executives across the system:

- Acute hospital services – this is focussed on delivering improvements to our three main local hospitals around how we provide specialist services
- Primary care and localities – supporting the foundation of primary care and developing localities/networks to support our residents to live in good health
- Population Health – a programme focussed on maximising the wealth of data we have and using advanced analytical techniques to improve the services we provide and to target interventions to improve health outcomes

The Partnership also oversees programmes of work that support these aims:

- Workforce – through working with Health Education England and Skills for Care, we are working to improve recruitment and retention of staff and to support their development
- Digital – development of digital technologies to support the delivery of health and care services
- Estates – ensuring we maximise the buildings and facilities used by our patients

The Partnership benefits from advice from our Service User Advisory Group comprising patient and service user representatives from across our statutory organisations, and from our Clinical Cabinet, made up of senior clinicians from all provider organisations.

Over the year, the STP has:

- Completed a wide-ranging public consultation on changes to some specialist services provided in our three hospitals (Southend, Basildon and Broomfield). Following the consultation and extensive clinical review of the proposals, the CCG Joint Committee approved 19 recommendations to make improvements to our hospital services. At the time of writing, these decisions have been referred, for independent review, to the Secretary of State for Health and Social Care
- Developed a STP-wide Primary Care Strategy and investment plan, aimed at supporting the foundations of primary care, including enhancing the workforce. This CCG is responsible for implementing the strategy for local residents
- Been successful in obtaining significant funding to develop a shared care record that will support improved care and support for our patients. Implementation of the shared care record will begin in 2019

- Established an Innovation Advisory Group to embed innovation in all of our work.
- Received funding to support the on-going development of our staff, including on quality improvement, leadership and system working
- Secured national investment to develop a citizens' panel to help gain insight from our population to inform our work

Over the coming year, we will focus on further developing our partnership working, developing a five-year strategy for the STP, and supporting the aims outlined in the NHS Long Term Plan.

Achievement of Constitutional Targets

In addition to meeting our financial obligations we have a statutory obligation to meet a range of constitutional targets including: A&E transit times, Referral to Treatment Times, Cancer waiting times, mental health access targets and others. Our system continues to be under pressure with a range of targets such as access to psychological therapies, dementia diagnosis rates, Cancer 62 day targets, A&E four hour waiting times and the ambulance response rates. Whilst we are making some progress in addressing these pressures and have action plans in place, we need to ensure that sustainable systems and processes are in place to address shortfalls.

Financial Performance

Information not yet available. To be added after year end.

Performance analysis

From 1 April 2018 to 31 March 2019 NHS Southend CCG has successfully delivered the following key objectives:

- Exceeded dementia diagnosis rate standard by 12.6% (79.3%)

Key challenges continue to be:

- Addressing poor performance against constitutional standards (Including Cancer, 18 week pathways and Ambulance response)
- Working with all partners to ensure safe provision of care
- Cancer 62 day wait standard
- Ensure clear understanding and interpretation of data, to ensure the correct decisions are made
- Maintaining current momentum in Improving Access to Psychological Therapies (IAPT) services to meet performance targets in 2018/19
- Managing other organisations expectations
- Driving forward whole economy programmes to reduce Health Care Acquired Infections (HCAI)
- Maintain delivery of the Quality, Improvement, Productivity and Prevention (QIPP) plan and associated work
- Achieving financial statutory duties in a sustainable way.

Performance data

We constantly strive to improve our performance and commission high quality services for the population of Southend, within our available budget.

Our performance is measured by a number of different indicators covering many aspects of our performance. Health and care data on NHS performance – compiled by various sources including NHS England and the Department of Health – is available on ‘My NHS’ (www.nhs.uk/mynhs). This includes data on our performance in different aspects of health and care. Examples of performance data available on ‘My NHS’ include:

- Dementia
- Year end assurance for 2017/18 - Southend CCG assessed as ‘requires improvement’. 2018/19 rating not yet available.
- Urgent and emergency care
- Mental health – including IAPT
- Sustainability

Our Performance

The table which follows shows the CCGs key targets that it has monitored during 2018/19. We have achieved a number of these targets. However, as can be seen, over the past 12 months the CCG is most challenged in its Accident and Emergency, Cancer and Referral to Treatment targets which have delivered below the required standard.

We have reviewed our performance and in the process of agreeing constitutional standard recovery trajectories for improved delivery with NHS England and NHS Improvement. Our aim is to ensure long term sustainability and provide our regulators with assurance and confidence of our performance.

SUHFT closely monitors patients on the cancer 62 day pathway in relation to breaches which enables them to identify, via root cause analysis investigation, and address issues that impact on the pathway timescales. Whilst systems have been designed to take in to account the practicalities of managing very complex diagnostic pathways it should be recognised that some breaches may be directly related to what is in the best interest of the patient, for example patients may not be clinically fit for cancer treatment or choose to defer diagnosis or treatment.

CATEGORY	SUB-CATEGORY	TARGET	(Year to Date) PERFORMANCE
Accident and Emergency	Seen within 4 hours	95%	
Referral to Treatment	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	93%	86.44% (Dec-18)
Cancer	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	89.7% (Nov-18)

2018/2019 Constitutional Standard Performance

Please note that this data is for the year 2018/19 (unless otherwise stated).

(Data is as available as at 8 Feb 2019 – will be updated)

	Maximum two-week wait for people referred for investigation of breast symptoms even if cancer is not initially suspected.	93%	66.8% (Nov-18)
	Maximum one month (31-day) wait from diagnosis to first treatment	96%	95.0% (Nov-18)
	Maximum 31-day wait for subsequent treatment (drugs)	98%	99.0% (Nov-18)
	Maximum 31-day wait for subsequent treatment (surgery)	94%	87.9% (Nov-18)
	Maximum 31-day wait for subsequent treatment (palliative)	96%	100% (Nov-18)
	Maximum 31-day wait for subsequent treatment (radiotherapy)	94%	99.0% (Nov-18)
	Maximum two-month (62-day) wait from urgent GP referral to first definitive treatment	85%	74.6% (Nov-18)
Improving Access to Psychological	Access	15.85%	14.6% (Dec-18)
	Recovery Rate - 50% of the people who are treated in IAPT services recover	50%	51.1% (Sep-18)
Dementia	Diagnosis Rate - 66.7% of the estimated prevalence of people with dementia should have a diagnosis	66.7%	79.3% (Dec-18)
Learning Disability Health Checks	Annual Health Checks - increase the take up of Annual Health Checks and Health Action Plans for people with a learning disability	63%	45.9% (Dec-18)
Clostridium difficile	C.Diff – number of reported cases	35 cases	34 cases (Nov-18)
Meticillin resistant Staphylococcus aureus (MRSA) Bacteraemia	MRSA	0	2 (Nov-18)

Sustainable Development

Sustainability has been recognised at a national level as an integral part of delivering high quality healthcare, efficiently. We are required to produce a Sustainability Report covering our performance on greenhouse gas emissions, waste management, and use of finite resources, in line with HM Treasury guidance: Public Sector Annual Reports – Sustainable Development Reporting Guidance December 2014. The CCG recognises that sustainability is not about, nor should it be restricted to initiatives that directly reduce carbon emissions.

Sustainability is about reflecting upon how the NHS operates, asking why we operate as we do and seeking better, less resource dependent methods and behaviours for improving outcomes.

Improving Quality

Complaints info (data) to be added.

The CCGs utilise the Joint Quality Strategy 2018, which sets out the quality agenda for the two South East Essex CCGs; Castle Point & Rochford CCG and Southend CCG ([available online at – add link](#)) to underpin it's work to ensure safe and high quality services.

The purpose of the strategy is to define the commissioning of the highest quality care services for the people of the CCG's. The strategy supports the CCG's in discharging their duty under Section 14R of the National Health Service Act 2006 (amended as in Health and Social Care Act 2012)

The CCG's want the people of South East Essex to be confident that their healthcare services are amongst the very best available.

The CCG's have the delegated responsibility to ensure that the health and wellbeing needs for the local population are met as effectively as possible; taking care to ensure that patient outcomes are the primary importance, whilst trying to ensure it is able to demonstrate value for money for sustainability.

Within the CCG's, the joint Nursing and Quality team's primary function is to ensure that the patient voice is considered for all CCG-commissioned services and that commissioned providers are monitored and challenged to provide safe, effective and equitable care for residents of the South East Essex area

Our aim is that health and care services within South East Essex will be:

- Effective: Meeting the needs of the person receiving care/treatment and supporting them at their time of need
- Safe: Without error and in a way that protects people from harm, especially our most vulnerable people
- Compassionate: Offering a person-centred experience for patients which promotes choice and empowerment and treats them with dignity, respect and kindness

Quality Development Journey

Before starting this next chapter of the quality journey, it is useful to analyse and reflect on what has been achieved in the past 5 years. A greater sense of clarity about our ambitions and how they will be achieved has taken place. Additionally, good progress is being made in delivering more services closer to home.

Examples of quality improvements:

- Over 2,000 patients with diabetes who previously had to journey to hospital now see their consultant in clinics in Benfleet, Westcliff, Rochford or Southend.
- Improvements in the monitoring of irregular heartbeats in the community to reduce number of strokes. Patients often ask what additional services could be delivered in the community and advances in technology have meant simple devices that initially detect irregular heartbeats have been introduced in GP practices and in addition 24-hour electrocardiograms (ECGs) are also now available in the community.

- The transformation of ophthalmology services in delivering more convenient healthcare services for the local community with many appointments that were previously carried out in hospital now being done safely and conveniently at a local high street Optician.
- New roles within GP practices such as Pharmacists, Advanced Nurse Practitioners and Emergency Care Practitioners have made a real difference in supporting the GPs and helping to deliver an improved patient experience. The pharmacist, for example, delivers better care by offering more medicine reviews for patients and support with prescription enquiries. There are now nine pharmacists working across Castle Point and Rochford and Southend in this new role, who have been able to demonstrate that they are saving GP time and improving access by dealing with prescription queries and hospital discharge letters. In addition to this a higher number of patients are receiving medication reviews which improve overall safety and patient's understanding of their medicines. The pharmacists are also running clinics for long term conditions (such as high blood pressure) and supporting prescription clerks to improve processes for repeat prescriptions.
- In Benfleet, additional staff are shared between five practices supporting transformation and innovation.
- More money has also been invested to support the transformation of mental health services for children and young people and the development of a specialist eating disorders service.
- Following the transfer of the NHS funded Continuing Healthcare (CHC) team from the Commissioning support Unit (CSU) into the CCG, we have undertaken a period of analysis of processes and systems inherited from the CSU.
- We have moved all data management to a CHC management system; Broad Care. The process of data transfer allowed a significant opportunity to undertake a data cleanse, resulting in much greater assurance relating to CHC Data.
- We have initiated CHC advanced practitioner training which has had a significant impact.
- We are working more closely with Essex County Council and Southend Borough Council.
- We have supported the Transforming Care Agenda in both CCGs.
- We have led on the Domestic Abuse Agenda for Greater Essex CCG's ensuring a health response to domestic abuse
- Using the principle of Discharge to Assess, in 2016 we introduced a collaborative approach to the management of NHS Funded Fast Track referrals; commissioning the local Hospice provider to undertake a period of stabilisation and assessment, before making any longer-term decisions about future care needs. This approach has ensured people with rapidly deteriorating condition benefit from a formal palliative assessment by a specialist EOL provider, as a matter of routine.

During 2018/19, the CCG's have complied with their statutory responsibilities and duties in the commissioning of services, ensuring that these are safe and effective. This has been undertaken through a contractual route of measuring and ensuring the compliance of providers against national and local Commissioning for Quality and Innovation (CQUINs) and targets (Key Performance Indicators (KPIs)), which are set and agreed on an annual basis and by responding to wider system information sharing agreements and processes, with key stakeholders such as the CQC and Local Authority.

We receive performance data from all the providers of services we commission and monitor this for trends, themes and compliance with national requirements including:

- Acute hospitals (Now delegated to the STP Joint Committee)
- Independent hospitals (Now delegated to the STP Joint Committee)
- Ambulance services (Now delegated to the STP Joint Committee)
- Community providers
- Mental health providers
- NHS 111 service
- Primary care (Co-Commissioned with NHSE)

The CCG's also work with other stakeholders to gather information regarding

- Care homes
- Domiciliary care agencies
- Support and assisted living services

We also undertake regular and unannounced site visits and undertake face to face dialogue with our providers to gather soft intelligence, to inform Key Lines of Enquiry (KLOE) for discussion at our formal meetings as part of our contract management. Any emerging or immediate areas of concern were escalated immediately. We also work closely with the regulatory bodies such as the Care Quality Commission (CQC) and NHS Improvement (NHSI).

Castle Point & Rochford CCG is the lead commissioner for the community services that are provided by Essex Partnership University NHS Trust and also the have delegated responsibility for the upholding of primary care contracts within the Castle Point and Rochford locality. We also hold smaller contracts with other community providers such as those providing endoscopy services or those providing NHS services in the independent sector.

Southend CCG is the lead commissioner for the acute contract with Southend University Hospital Foundation Trust (SUHFT), although the recent development of Sustainability and Transformation Programme boards (STPs) has led to this responsibility being delegated to the 'MSB Group'; a single approach to the management and oversight for the three STP located hospitals; Mid-Essex, Southend and Basildon hospitals. Southend CCG remains closely involved with quality monitoring within the local acute trust.

We work closely with other CCG Nursing and Quality teams who hold contracts of which we are associates to, such as that with the East of England Ambulance NHS Trust. We are also part of the Sustainability and Transformation Programme (STP) and therefore work alongside the other CCG members of the joint committee.

There are monthly Clinical Quality Review Groups (CQRG) with IC24 and EPUT, monitoring performance against CQUINs and KPIs, as well as receiving quarterly narrative quality reports and individual subject reports such as infection prevention and control, patient experience, serious incidents, safeguarding and quality accounts.

Monitoring of our performance against key local and national quality measures is an integral part of the monthly Quality, Finance and Performance Committee and the Chief Nurse Quality report is also submitted to the public Governing Body meeting. This includes CCG and provider performance on quality indicators which include key information from the CQRGs. The CCG's are also monitored on a monthly basis against these measurements by NHS England.

The Nursing and Quality Team acts on behalf of the Chief Nurse to seek assurances through the triangulation of data and soft intelligence on the quality and safety of service provision by providers from whom we commission services on behalf of the public. The Nursing and Quality Team consists of safeguarding professionals, infection prevention and control Nurse Specialists, quality assurance lead, complaints lead, education lead, patient safety and Quality Nurses and Nurse commissioning leads.

We monitor serious incidents and complaints to ensure lessons learned influence future practice and commissioning decisions. The CCG meets regularly with Essex Partnership University Trust to review progress with serious incident (SI) investigations and action planning. The Chief Nurse and relevant Nursing staff within the quality team undertake and review root cause analysis reports and action plans relating to serious incidents (Sis) and work with the relevant key stakeholders to agree the decision to close or request further assurance where necessary.

There were no never events reported to the CCG during April 2018 to March 2019.

The soft intelligence data can either be nationally-published information and benchmarking in the case of Patient Safety Thermometer (PST) data and Friends and Family (FFT) test, national patient surveys, CQC inspection reports. NHS digital data is also used to seek assurance in uptake of certain indicators or vaccines. Local data is also sourced through the NHS Choices website or local Serious Incident (SI) reports. This data is used as a basis to monitor and review providers' standards of care, which may be sought formally through reports at the CQRGs or through quality assurance visits. Any findings and recommendations are delivered to the provider and the outcomes of any action plans are monitored to ensure that progress is made to improve the quality of care and services.

Patient feedback is integral to understanding the quality and experience of the service they receive. Our aim is to listen to, and learn from, our patients' experiences.

As CCG's we ensure that as much as possible we are listening to the needs of our patients and commissioning value for money, quality services based upon local need.

The Nursing and Quality Team consistently reviews information, and use this to influence changes to the way care is delivered, ultimately improving quality of care for patients.

Below are just a few examples:

- Working with and attending clinical meetings with GP's and SUFHT to review improvements to the referral to treatment times.
- Working with SUHFT to review Ophthalmology services and implement actions to improve the service
- Working with Local Authorities and SUHFT to review discharge delays and reviewing stranded patients within the hospital
- Ensuring that all appropriate primary care work streams are focused on the reduction of mortality rates within the hospital
- Carry out focused quality visits in areas that are a cause for concern
- The quality team work with out of area services to provide the rehabilitation/ support that the residents of South East Essex may need.
- The Nursing and Quality team undertake reviews of SI's that are raised against the CCG's to ensure patient safety remains a priority
- The Nursing and Quality team is responsible for ensuring GP member practices are supported with an evidence-based education programme, delivered through the structured 'time to learn' schedule.
- The Nursing and Quality Team receive complaints made to the CCG's. This allows the team to investigate and where possible, to resolve the presenting issue, but almost more importantly, to focus on lessons learned from individual complaints and individual patient experiences, which can influence practice and inform commissioning decisions made by the CCG's.
- As the CCG's have delegated authority for co-commissioning of primary care services in their respective areas, the Nursing and Quality team works with member practices to assist them in their quality requirements including their CQC registration. We have led events to share learning with colleagues in regards to delegated responsibilities.
 - The CCG's now offers elements of the Time to Care programme commissioned by NHSE.
 - Working collaboratively with Local Authority, the nursing and quality team colleagues are supporting and reviewing health needs of residents within care homes including input to any safeguarding alerts raised. This included supporting the safe transfer of residents from a local care home.

We have fully delegated co-commissioning responsibility for primary care. Co-commissioning offers an opportunity to raise standards of quality within general practice services including:

- Clinical effectiveness

- Patient experience
- Patient safety

This includes work on reducing unwarranted variation in quality and enhancing patient and public involvement in developing services. Member practices are expected to become fully engaged in our work around quality improvement, and each practice is responsible for the development of its own quality improvement plan within the context of the primary care. The nursing and quality team support our member practices in this work. Learning from this support has helped to inform the development of educational opportunities through our workforce strategy based on the local needs of the primary care workforce.

The ability to co-commission GP services has enabled a fully rolled out enhanced care in Care homes with nursing, which provides increased clinical and pharmaceutical review within Care homes with nursing, to support the frailty agenda and to help with the improved care within care homes and the reduction of avoidable admissions or attendances to acute services

The NHS Funded Care Team operates from within the CCG's to support the assessment of people who might be entitled to receive NHS Funded Continuing Healthcare. The team manages the delivery of this service across the two CCG's; including complaints and appeals processes and supports NHSE with the delivery of the National Framework agenda. This year, the team has consolidated its internal processes which are reflected in the reduction of complaints or successful appeals. The team is committed to ensuring that there is an equitable approach to the assessment of and the offers made to, people considered to be eligible for NHS funded care, including NHS funded Continuing Healthcare.

Safeguarding Children and Adults at Risk

"Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015) provides specific guidance to NHS organisations which clearly sets out the responsibilities of each of the key players for safeguarding in the NHS. The CCG's acknowledge their statutory responsibility and have clear governance processes in place for safeguarding children and adults at risk. To comply with national safeguarding requirements, we ensure that safeguarding is reflected within all partnership agreements. NHS Standard Contracts require providers to comply with the local Commissioner's Safeguarding Policies.

The CCG's have responsibility to procure designated professionals who provide clinical expertise and strategic leadership across the local health system to support other professionals in their agencies on all aspects of safeguarding adults and child protection. The Named GP undertakes a specialist role within the team to support and provide advice General Practitioners and Nurse Practitioners working in Primary Care on matters relating to safeguarding. We work closely with other CCGs through the Safeguarding Clinical Network which brings all designated safeguarding children and adult leads together to collaborate on areas of mutual interest.

The CCG's work in partnership with other statutory and relevant agencies and is integrated at all levels of Essex and Southend Safeguarding Children and Adult Boards.

Our priorities for 2018/19 included:

- Leading the Health Executive Forum which brings together all the health agency executive safeguarding children/adult leads from across Essex.
- Having strategic oversight of the Emotional Wellbeing and Mental Health Services for Children and Young People to ensure effective arrangements for the delivery of the service and support the agenda to reduce self-harm and prevent suicide.
- Supported the Essex implementation of the national Child Protection Information Sharing (CP-IS) Project to improve information sharing between unscheduled health care services and children's social care in respect of children looked after or in need of protection.

- Commissioned Hospital Based Independent Domestic Violence Advocates to improved early recognition and support to victims of domestic abuse.
- Supported the implementation of Child Exploitation Toolkit across health services to support risk assessment and sharing of intelligence. Attended strategic and operational meetings to support partner agencies to address risk to adolescents in the Southend locality. This included providing a resource to provide emotional support service to staff working with high risk adolescents in Southend.
- The CCG has provided leadership to local health providers to improve the response to child exploitation following the Joint Targeted Area Inspection that took place in March 2018.
- Completed the NHS England Safeguarding Assurance Tool which demonstrates a high level of compliance.
- Undertaken joint quality visits between adult Health & Social Care and the Senior Nurse for Care Homes which routinely included in safeguarding strategy meetings with the Council.
- Supported the CCG Medication Management Team to enhance their knowledge of safeguarding and the application of the Mental Capacity Act to the administration of medication.

During 2019/20 the CCG will:

- Work with Safeguarding Partners and relevant agencies to implement Multi-agency safeguarding arrangements.
- Work with partner CCGs to develop the Mid and South Essex Sustainability and Transformation Partnership (STP) to improve health outcome for the local population
- Work with the Safeguarding Partnership to deliver the Violence and Vulnerability Strategy
- Work with Primary Care to ensure that safeguarding is integrated into the work of Locality Hubs
- Work with Primary Care to implement to revised requirement of Adult Safeguarding: Roles and Competencies for Health Care Staff.

Transforming Care

The Winterbourne View Concordant and Transforming Care policies, published in 2012, set a national target to reduce the number of people with a learning disability who were inappropriately residing in specialist learning disability and mental health inpatient settings. NHS England then developed an agenda in 2014 for Transforming Care that seeks to reduce the number of people with a Learning disability and or autism in hospital and a process for reviewing peoples care and treatment.

This has continues to be a significant priority for NHSE. The Essex Transforming Care Partnership Board, which includes the 7 CCGs and 3 local authorities of Essex, Southend and Thurrock, sets the target of 21 inpatients across Essex to be achieved by March 2019. The current inpatient status in Essex January is 28 inpatients. Southend and Castle point and Rochford CCG currently has 6 inpatients. 1 patient has a predicated discharge date in February. Southend CCG has discharged 3 people who had been inpatients for over 4 years since 2016. There are no children and young people from Southend and Castle point and Rochford CCGs with a learning disability and or autism in Tier4 Children's mental health services(CAMHS)at January 2019.

The Care Education and Treatment review Manager (CETR) for Essex updates Castle Point & Rochford and Southend CCGs regarding young people with a Learning Disability and or Autism, who are approaching transition to adult services. The CCG's ensure inpatients have Care and Treatment reviews (CTR) in line with NHS England policy for people with a learning disability and or autism who are at risk of admission to assessment and treatment unit. The aim of the CTR is to bring a person-centred approach to ensuring that the care and treatment and differing support needs of the person and their families are met, and that barriers to progress are challenged and overcome ensuring that each patient receives sustainable, high quality care. Patients who are considered at risk of admission are monitored by the CCG in partnership with Social Care and

EPUT to ensure where possible admission is avoided .A Community CTR is held for patients on the Essex dynamic register ,to ensure support is in place to where possible avoid admission.

The CCG's work in partnership with the Programme Director and Operations Manager for the Essex Transforming Care programme and Social Care to ensure patients who are discharged to the community, are supported by services that effectively meet the needs of patients with a Learning Disability and or Autism.

Integrated LD Health Commissioner's at Essex County Council are coordinating progress against action plans to deliver the Stop the over medication of antipsychotic medication's (STOMP)Southend and Castle point and Rochford CCG have raised awareness of the NHS England directive to deliver STOMP working in partnership with Learning disability health provider, Essex university partnership Trust (EPUT).

Workforce

According to Health Education England (HEE), the Mid and south Essex Sustainability Transformation Partnership (STP) is the most significantly challenged primary care workforce in the country with 33% of GPs forecast to retire in the next five years which is significantly higher than the national average of 21%. The CCG's recognise that due to the significant number of GPs who can retire by March 2020, the STP will be applying significant resources to work with the Local Medical Council (LMC) and the Royal College of General Practitioners (RCGP) to develop a local programme to retain GPs who are eligible to retire.

Within Castle Point & Rochford CCG and Southend CCG, we currently have 32 and 39; respectively, whole time equivalent (WTE) GPs in practices who are aged over 55 and 12/17 WTE nurses who are also aged over 55 (Source: NHS Digital Minimum Data Set March 2018) who are eligible to retire.

Within the CCG's geographical areas, there are approximately 105/104 WTE GPs and 40/41 WTE nurses across 50 member practices who serve a population of 360,000 and approximately 23% of the population are aged over 65, with over 75s amounting to 10%.

The average member of the public now sees a GP almost six times per year, twice as often as a decade ago and the average time a GP spends with each patient is now just under 12 minutes. Demand on GPs in the country will only increase as the number of patients with long term conditions increases. This particular patient group currently makes up around 50% of all GP appointments.

New models of care are being planned for Primary Care and many existing healthcare professionals will be able to expand/develop their roles to ensure that our patients will be seen by the most appropriate professional.

Castle Point and Rochford CCG is the workforce lead for the Mid and south Essex STP which covers a wide range of workforce initiatives that include:

- International GP Recruitment
- Introducing new roles into Primary Care
 - Clinical Pharmacist
 - Advanced Nurse Practitioner
 - Physicians Associates
 - Emergency Care Practitioners
 - Advanced Practice Physiotherapists
 - Medical Assistants

- Apprenticeships
- GP Retention
- Fellowship Programme
- GP Returners (Induction and Refresher Scheme)
- Promotion of practice based roles
- Up skilling practice nurses and existing roles
- Public communications for recruitment via schools/colleges/job fairs

GP Retention

The Mid and South Essex STP has 'Intensive Support Site' status for a local GP Retention funding allocated by NHS England. The STP has been allocated funds and is required to design and implement a local programme from September 2018 and completion by March 2019.

Guidance published by NHS England sets out the availability of new funding in 2018/19 to further support delivery of the commitment set out in the General Practice Forward View (GPFV) to ensure an additional 5,000 extra doctors working in general practice by 2020. This is with a key focus on supporting general practitioners (GPs) who are at risk of leaving or who have already left the profession.

The local GP retention fund is restricted to the following groups:

- GPs who are newly qualified or within their first five years of practice;
- GPs who are seriously considering leaving general practice or are considering changing their role or working hours;
- GPs who are no longer clinically practicing in the NHS in England but remain on the National Performers List (Medical).

International GP Recruitment

The Mid and South Essex Sustainability and Transformation Plan (STP) have been one of two national pilot sites in the country recruiting GPs from overseas since October 2016

The Essex scheme has been a trail blazer for the initial pilot which is highly regarded as 'Gold Standard' by Health Education England

Through a robust, collaborative governance process and notwithstanding significant challenges we have established an effective and efficient local scheme that has now been replicated as the national model for NHS England

Engaging people and community

This year, we have produced a separate Patient and Public Involvement Annual Report (2018/19) – this is attached to this report as an appendix.

Reducing health inequality

We are committed to ensuring that equality and diversity is taken into account in everything we do, both as an employer and as a commissioner of healthcare in line with the Equality and Diversity Act 2010 and the National Health Service Act 2006 as amended by the Health and Social Act 2012.

We respect and recognise that there are differences between people; we aim to commission healthcare services that are equitable to everyone regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation. We also aim to recruit develop and retain a workforce that is able to deliver high quality services, that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals.

The CCG uses the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy, both of which are informed by views of local residents, when commencing planning or re-commissioning projects.

We aim to be a fair employer achieving equality of opportunity of outcomes in the workplace; to use our influence and resources as an employer to make a difference to the life opportunities and health of its local community.

As commissioners, it's important that we use a flexible range of methods to hear and engage with potentially excluded groups, or there is risk that participation will reinforce inequalities in access to health services and health outcomes. We therefore ensure our mechanisms for communications and engagement include digital engagement (via our social media accounts), face-to-face communication, ability to write and call us. We support the Accessible Information Standard, making sure disabled people have access to information they can understand and any communication support they need. Any events or activities that we plan ensure equitable access with consideration of a person's cultural, linguistic, religious background communication and accessibility needs

As part of contract monitoring, we ensure the Accessible Information Standard is also being followed by our providers, aiming to support everyone with information and / or communication needs relating to a disability, impairment or sensory loss. This includes, but is not limited to:

- People who are deaf, blind or deafblind
- People who have hearing and/or visual loss
- People with a learning disability
- People who have communication difficulties following a stroke, such as aphasia, or because of a mental health condition

We have also shared best practice and useful guides to meeting accessibility standards with our service providers such as the Mencap campaign called '[Treat Me Well](#)', which aims to change how the NHS treats people with a learning disability and the Healthwatch Essex toolkit, which is available here: <http://www.eclsensoryservice.org/health/ais-toolkit/>

Our website aims to reach AA standard in line with the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) version 2.0. Although efforts to cover as wide a range of issues are made, we understand that we are not able to address the needs of people with all types, degrees, and combinations of disability. Users of the website are also able to change the settings of their browser to better suit needs or use the accessibility options provided to change colours and text size.

Over the last year we have worked with our partners and stakeholders to ensure that we uphold the principles of the Equality Act (2010) and the Health and Social Act 2012.

We ensure that all new, redesigned services and our policies have full equality impact assessments carried out to assess the effect and potential benefits for our diverse population (suggest you include a link to the relevant section on website – when EIA are uploaded- and signpost here in the annual report). Within our co-commissioning role we continue to promote improvements to general practice services for our whole population.

We have our equality delivery system for the NHS (EDS2) in place and continue to strive towards our objectives within this. We have our Workforce Equality Standard (WRES) published on our website which is update annually in line with our Human Resources data.

We continue to actively undertake partnership working with the local voluntary, and community sector, to ensure that we engage appropriately with all local groups with protected characteristics. In relation to health inequalities, the need to reduce the gaps experienced by vulnerable groups continues to be embedded in our service design and equality impact assessment process. We have paid particular attention to those people affected by deprivation in our borough as we know this is where the greatest inequality occurs.

As detailed on page xx, our Stakeholder and Community Reference Group also assist us in ensuring we reach local residents with protected characteristics, or those that experience health inequalities in the most appropriate and efficient way.

In 2018/19, we have work with the other CCGs and local authorities across greater Essex to re-design pathways for adults with learning disabilities and/or autism in a Transforming Care Programme. Co-production has been key part of this programme to fully engage people using services and their family. For more information on this programme see page xx.

As part of the broader work, as part of the STP (see page xx), a lot of work has been invested in making sure information has been presented in a number of different formats and languages, where necessary. In addition to a dedicated website <http://www.nhsmidandsouthessex.co.uk>, we have also distributed printed documents, summaries and leaflets with the assistance of the CCGs, Hospitals, Councils, Healthwatch and CVS to public places including local libraries, GP practices and community centres.

While promoting links to the consultation website and the local discussion events via social media has been used to good effect in reaching and engaging large numbers of people, a range of information has also been made available in different formats and languages on request and specific focus groups held to target those groups with protected characteristics as set out in the Equalities Act 2010. This included specific sessions with LGBT groups, diversity networks, faith groups, younger people and mothers to discuss any possible impact the proposals may have on them as a group.

Southend-on-Sea is an accredited dementia friendly town and this year, as part of the Southend Dementia Action Alliance, we launched the work to develop dementia friendly GP practices. In 2017/18 we were delighted that The Pall Mall surgery, in Leigh-on-Sea, received a certificate of accreditation for being 'dementia friendly' on 26 October 2017, from Wessex Academic Health Science Network (AHSN).

Within each GP practice, a member of staff has volunteered to take on the role of a dementia champion and is leading the way to create an environment where people living with dementia and their families and carers can navigate more easily, feel safe and not feel stigmatised.

The aim of the Alliance is to work together to transform the quality of life for people living with dementia and their carers/families and to help Southend-on-Sea to become a Dementia Friendly community.

Going forwards, and in partnership with local authorities we are looking to target areas where there are known health inequalities with lower life expectancy with tailored target health prevention initiatives through our neighbourhood teams. For more information about neighbourhood teams, please see page XX.

Health and wellbeing strategy

The Accountable Officer and the Chair of the CCG are active participants in the Southend Health and Wellbeing Board (HWB), collaboratively working with partners across local agencies to improve health and wellbeing for Southend's residents. The aspiration of the Southend HWB is that everyone living in Southend-on-Sea has the best possible opportunity to live long, fulfilling, healthy lives as expressed through three 'Broad Impact Goals' identified in 2017/18, these are;

- (1) Increased Physical Activity (prevention);
- (2) Increased aspiration and opportunity (addressing inequality); and
- (3) Increased personal responsibility.

In addition, the HWB has identified violence and vulnerability as a further key priority area during 2018 and the multi-agency Violence and Vulnerability Steering Group has been instigated and operated over the course of the year, developing and implementing a local action plan. This local plan uses multi-agency data and local intelligence to develop evidence-driven interventions to inhibit criminal activity, particularly around the illicit drugs trade. The HWB is partners in this endeavour with the Local Safeguarding Children Board, the Adult Safeguarding Board, and the Community Safety Partnership. The work within Southend-on-Sea is organised around four Ps; preparation, prevention, protection, and pursuit, and has received very favourable national attention.

The 2018/19 Joint Strategic Needs Assessment (JSNA) Summary Report was approved at the January Health and Wellbeing Board. This report covered a report on key issues of demographics, deprivation, and inequity across multiple factors and summary reports on all areas of health and wellbeing where JSNA update had been focused over 2018:

- Work and employment
- Health protection
- The health of our 0-5 year old residents
- Special Education Needs and Disability (SEND)
- Sexual health
- Harm reduction
- Mental health
- Air quality
- Ageing well
- Physical activity
- Community safety

The Health and Wellbeing Board review of the JSNA report identified two further key areas for prioritisation of work to work to in addition to those noted above; under 18 conception, and Stroke and Atrial Fibrillation. Significant work within the Borough and across the STP will be undertaken in 2019/20 to meet the prevention challenges for these specific issues and conditions. This will include work to build on current health intelligence frameworks including development of population health management systems.

In order to address the key priority challenge areas, the Health and Wellbeing Board endorsed the use of a Health in All Policies (HiAP) approach. This way of working asks that all policy decisions and strategies across organisations such as local authorities and health commissioners/providers consider the impact on health and on potential health impacting behaviours. Where policies consider and address encouragement for health positive behaviour choices, we can begin to create a healthier environment that tackles the wider determinants health and pre-determinates of health.

This HiAP approach is being driven through the HWB and is being successfully embedded across Southend-on-Sea Borough Council. This is expected to be a key factor in reducing inequality and deprivation in the Borough. The difference in life expectancy between the most deprived and least deprived locales in Southend is 11.1 years for males and 9.7 years for females and our work in implementation of the Borough Prevention Strategy is focused on reducing this gap. This will include work to develop social prescribing/care navigation systems, improved digital routes to information, advice and guidance, and improved systems for early detection of conditions such as hypertension and atrial fibrillation to reduce the risk of cardiovascular disease.

Throughout 2018/19 the Southend HWB has continued to drive discussion and progress on key issues aligned to the focus highlighted above within the local Health and Wellbeing Strategy. The HWB hosts regular, additional strategic discussions on relevant issues, particularly relating to the development of localities across the Borough and with Castle Point and Rochford and the mid and south Essex Sustainability & Transformation Plan (STP). This has enabled a system-wide approach to be agreed.

The CCG also ensured all members of the Health and Wellbeing Board had opportunity to provide feedback on the draft annual report before publication.

Accountability Report

To be signed by Interim Accountable Officer
Date

Corporate Governance Report

Member's Report

Member practices

The CCG has 28 membership practices. The practices are listed below (as at 31 March 2019):

Members Name	F code & Practice Address
Drs Agha & Siddique	F81121, The Thorpe Bay Surgery, 99 Tyrone Road, Thorpe Bay, SS1 3HD
Dr B Bekas	F81207, 48 Argyll Road, Westcliff on Sea, SS0 7HN
Dr K Dhillon & Partner	F81688, 129 Eagle Way, Shoeburyness, SS3 9YA
Dr H Siddique	F81209, Shaftsbury Avenue Practice, 119 Shaftsbury Ave, Southend on Sea, SS1 3AN
Dr S M Callaghan & Partners	F81097, Valkyrie Surgery, Valkyrie Road PCC, 50 Valkyrie Road, Westcliff on Sea, SS0 8BU Branch site Leigh PCC

Dr B R M Houston & Partners	F81112, Highlands Surgery, 1643 London Road, Leigh on Sea, SS9 2SQ Branch site 1446 London Road
Dr A C Irlam & Partner	F81086, Central Surgery, 27 Southchurch Blvd, Southend on Sea, SS2 4UB
Dr M Jack & Partners	F81081, Queensway Medical Centre, 75 Queensway, Southend on Sea, SS1 2AB Branch 508 Sutton Rd, Southend, SS2 5PN
Dr G K Jayatilaka & Partner	F81696, The Leigh Surgery, 194 Elmsleigh Drive, Leigh on Sea, SS9 4JQ
Dr W Cordess & Partners	F81164, West Road Surgery, North Road Primary Care Centre, 183-195 North Road, Westcliff on Sea, SS0 7AF
Dr F Khan	F81003, Carnarvon Medical Centre, North Road Primary Care Centre, 183-195 North Road, Westcliff on Sea, SS0 7AF
Dr A C Krishnan & Partner	F81046, Kent Elms Health Centre, 1 Rayleigh Road, Leigh on Sea, SS9 5UU
Dr Navin Kumar	F81147, Central Surgery, 1st Floor, North Road Primary Care Centre, 183-195 North Road, Westcliff on Sea, SS0 7AF Branch 38 Acacia Dr, Thorpe Bay, SS1 3JX
Dr N Kumar & Partner	F81613, Shoebury Health Centre, Campfield Road, Shoebury, SS3 9BX
Dr S A Malik	F81223, Kent Elms Health Centre, 1 Rayleigh Road, Leigh on Sea, SS9 5UU
Dr M Marasco	F81622, 101 West Road, Shoebury, SS3 9DT Branch site 1 Watkins Way, Shoeburyness, SS3 9NX
Dr P N B Moss	F81684, North Shoebury Surgery, Frobisher Way, Shoebury, SS3 8UT
Dr L Nagle & Partners	F81144, The Pall Mall Surgery, 1st Floor, Leigh Primary Care Centre, 918 London Road, Leigh on Sea, SS9 3NG Branch site 314 Southbourne Grove, Westcliff on sea, SS0 0AF
Dr H W Ng	F81744, Scott Park Surgery, 205 Western App. Southend on Sea, SS2 6XY
Dr S Sathanandan	F81200, 9 Blenheim Chase, Leigh on Sea, SS9 3BZ
Dr F Palacin	F81649, Shoebury Health Centre, Campfield Road, Shoebury, SS3 9BX
Dr N K Shah & Partner	F81176, North Avenue Surgery, 332 North Avenue, Southend on Sea, SS2 4EQ
Dr H Siddique & Agha	F81159, Southend Medical Centre, 50-52 London Road, Southend on Sea, SS1 1NX
Dr V Sooriakumaran & Partner	F81092, 3 Prince Avenue, Southend on Sea, SS2 6RL Branch 38 Leigh Road, Leigh on Sea, SS9 1LF
Virgincare	Y02707 St Luke's Health Centre, Pantile Avenue, Southend on Sea, SS2 4BD
The Practice	Y02177, 32 Northumberland Avenue, Southend on Sea, SS1 2TH
Dr S L Vashisht	F81656, 61 Warrior Square, Southend on Sea, SS1 2JJ
Dr S H H Zaidi & Partners	F81128, Eastwood Group Practice, 335 Eastwood Road North, Leigh on Sea, SS9 4LT

	Branch Kent Elms Health Centre, 1 Rayleigh Road, Leigh on Sea, SS9 5UU 348 Rayleigh Road, Eastwood, SS9 5PU
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Composition of Governing Body

The governing body meets on a bi-monthly basis in public and its voting members comprise CCG Accountable Officer, GP governing body members and the CCG's Lay Members. Representatives from Southend-On-Sea Borough Council are non-voting members.

The governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in its constitution.

The main function of the governing body is to ensure that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the group's principles of good governance. The other key functions are outlined in section 5 of the CCG's constitution.

All members were in post for the whole of the financial year with the exception of:
Dr Sreeman Andole (joined the Governing Body on 1 December 2017)
Matthew Rangué (left the Governing Body on 6 March 2018)
Tricia D'Orsi (joined the Governing Body on 7 March 2018)

Chair

The CCG's Chair for the period 1 April 2018 until 31 March 2019 was Dr José Garcia Lobera.

Details of Members of the Membership Body and Governing Body Details can be found on NHS Southend CCG's website here

<http://southendccg.nhs.uk/about-us/our-governing-body>

Attendance

Committee	Attendance (April 2018-March 2019) March data not available, percentages to be added		
Voting Governing Body Members	Eligible to Attend	Attended	Percentage
Dr José Garcia Lobera Chair	6	4	
Dr Sreeman Andole Secondary Care Consultant	6	6	
Dr Kate Baruysa GP Representative	6	4	
Dr Krishna Chaturverdi GP Representative	6	4	
Tricia D'Orsi Chief Nurse	6	5	
Janis Gibson Lay Member (PPI)	6	5	
Margaret Hathaway Interim Accountable Officer and Chief Finance Officer, seconded from 04.09.18	2	2	100%
Dr Brian Houston	6	3	

GP Representative,			
Dr Fahim Khan, left September 2018	2	2	100%
Dr Sharon Hadley commenced September 2018	3	1	
Dr Kelvin Ng GP Representative	6	3	
Matthew Rangué Chief Nurse, seconded 08.03.18	0	0	
Nicholas Spenceley Lay Member (Governance & Risk)	6	5	
Ian Stidston Accountable Officer, left 15.04.18	0	0	
Dr Taz Syed GP Representative	6	3	
Charlotte Dillaway Director of Strategy & Planning appointed 07.11.18	3	2	
John Spicer Director of Primary Care & Operations, appointed 01.10.18, long term sick from Jan 19	1	0	
Simon Williams Director of Integration & Partnerships, appointed 01.10.18	3	2	
Jacqui Lansley Director of Integration & Partnerships	6	5	

Non-voting Members of the Governing Body			
Mr Robert Shaw Joint Director of Acute Contracting and Commissioning, left May 2018			
Dr Andrea Atherton Director of Public Health - Southend Borough Council, long term sick			
Jacqui Lansley Joint Associate Director of Integrated Commissioning			

Committee(s), including Audit Committee

Audit Committee

The committee is required to meet at least five times per year and provides assurance to the governing body in relation to governance, risk management, internal control, internal and external audit and counter fraud. The committee has delegated responsibility from the governing body to review and approve the annual accounts and the annual report.

The committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

The composition of the Audit Committee was as follows during 2018/19:

Members:

- Lay Member for governance (chair of the committee throughout the financial year 2018/19)
- Three other Lay Members
- One GP Governing Body Member.

The Chair of the Governing Body shall not be a member of the committee but is entitled to attend each meeting.

Attendees:

- Internal Auditors and Local Counter Fraud Services (Mazars)
- External Auditor from KPMG
- Chief Finance Officer
- Chief Nurse (minimum attendance requirement is one meeting per year)
- Director of Strategy & Planning

The committee will be quorate with two members, one of which should be a CCG Lay Member.

Quality, Finance and Performance Committee

The Quality, Finance and Performance (QFP) committee will meet a minimum of ten times per year, with extraordinary meetings at the request of the Committee Chair. The committee continually seeks improvement in quality and places the patient (and the public) at the centre of everything that it does. Its overall purpose is to ensure the CCG fully integrates quality and effective use of resources in all its commissioned services and ensures, through effective financial management, the achievement of economy, effectiveness, efficiency, probity and accountability in the use of resources.

The committee continues to monitor the CCG's financial position and performance, as well as regularly reviewing the corporate risk register and approving internal policies. The committee also monitors Key Performance Indicators and QIPP targets. The committee has also approved certain procurement routes in line with guidance available to it, supported by robust advice from its commissioned procurement service.

Members:

- Accountable Officer
- Secondary Care Consultant*
- Three GP Governing Body Members (including the CCG Chair when a GP)*
- Lay Member Governance*
- Lay Member PPI*
- Chief Nurse
- Chief Finance Officer
- CCG Chair (if the CCG Chair is not a GP Governing Body Member)
- GP Clinical Lead for Quality (if not already one of the four GP GB members)

*these members are eligible to act as Committee Chair

Each meeting of the QFP committee is quorate when two of the GP members, Chief Nurse and the secondary care consultant are present and two of the executive and lay members are present.

Clinical Executive Committee

The clinical executive committee (CEC) is the driving force behind the CCG's innovation, driving forward the development of new clinical pathways and delivering robust review and performance challenge. The committee meets monthly but members work on many projects between meetings,

with a primary focus on service redesign. CEC ensures the CCG's integrated plan is executed in full with the resultant continuous improvement in the quality and outcomes for patients and carers and a reduction in health inequalities across Southend.

The membership of the committee is as follows:

- GP Governing Body Members including the GP Chair
- GP clinical leads
- Accountable Officer
- Chief Finance Officer
- Chief Nurse
- Director of Primary Care & Operations
- Director of Strategy & Planning
- Director of Integration & Partnerships
- Public Health Consultant
- Governing Body Local Authority Representative

Each meeting will be considered quorate when a minimum of two-thirds of the total number of GP governing body and clinical lead members, plus at least two CCG Executives from the following (or their nominated deputies):

- Accountable Officer
- Chief Finance Officer
- Chief Nurse

Remuneration committee

The committee makes recommendations to the governing body in relation to very senior manager pay and any changes to an individual's NHS pension arrangements by virtue of working for the CCG.

The committee will also make recommendations to the Governing Body about determining remuneration for CCG executive directors, the remuneration and conditions for all other employees and recommendations on severance payments. It has no decision-making authority; rather it makes recommendations to the governing body.

Meetings of this committee are convened when needed with reviews taking place at least once annually in accordance with terms and conditions. Members met 6 times during 2018/19.

The membership of the committee is as follows:

Voting Members:

- Lay Member – Governance (Chair)
- Lay Member for Patient & Public Involvement
- Secondary Care Doctor/Consultant

Non-Voting Members:

- CCG's HR business partner – advisory capacity

The meeting will be considered quorate when two members are present, at least one of which must be a Lay Member of the Governing Body.

Personal data related incidents

There were no Serious Untoward Incidents relating to data security breaches in 2018/19.

NHS Constitution

The NHS Constitution became law in November 2009. It sets out the rights and responsibilities for staff and for patients and the public. For more information visit: www.nhs.uk/nhsconstitution

As a CCG, we are responsible for upholding and reinforcing the requirements of the NHS Constitution. We do this by:

- Monitoring compliance against the performance standards set out in the NHS Constitution and working with providers to develop recovery plans to improve performance where necessary.
- Reviewing patient feedback and complaints, and ensuring that lessons learned from incidents are appropriately cascaded to prevent a reoccurrence.
- Encouraging patient engagement and feedback through a variety of different forums
- Supporting staff to comply with the NHS Constitution through implementation of the Essex Workforce Strategy and CCG training, research and education plans.

Modern Slavery Act

NHS Southend CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Freedom of Information (FOI) Requests

The Freedom of Information Act 2000 gives a general right of access to recorded information held by public authorities, subject to certain conditions and exemptions.

The CCG received **198** FOI requests during 2018/19. The CCG responded to **99.5%** of these within the statutory timescale of 20 working days.

(Note: Figures as at 8 Feb – will be updated)

We certify that the CCG has complied with HM Treasury's guidance on setting charges for information.

Planning for Emergencies

Within the Civil Contingencies Act, CCGs have a duty to be prepared for incidents and emergencies. CCGs are classed as a "category two" responder and are seen as a "co-operating body". This means that they are less likely to be at the heart of planning, but we will be involved in any incident that affects the health sector. The CCG's role is one of co-operation, coordination and sharing information.

The Essex CCGs have an Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Strategy this ensures that the Essex CCGs respond according to the Civil Contingencies Act 2004, Health and Social Care Act 2012 and NHS England national policy and guidance, including the NHS England EPRR Framework 2015 and NHS England EPRR core standards.

Following the July 2018 review by the Emergency Planning team of CCG compliance against the NHS England EPRR Core Standards, the CCG achieved “partial” compliance. The CCG with the Emergency Planning Team have been undertaking work to move the CCG to a fully compliant position, this work will continue into 2019/20.

The Essex CCGs have a generic Incident Response and Incident Coordination Centre Plan which outlines the process for establishing an Incident Coordination Centre and an Incident Response Team within the local CCG. These plans have been updated during 2019.

Business Continuity Management (BCM) is a statutory requirement for all Essex CCGs. Suitable plans aligned to the international Business Continuity Standard ISO22301 have been developed to enable the Essex CCGs to respond to an internal incident or disruption. This process is supported by the CCG’s Business Continuity Management System and Policy and each of the Essex CCG’s Business Continuity Plan.

In December 2018, the Department of Health and Social Care published EU Exit Operational Guidance which requires all health and care organisations to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts. The Emergency Planning team are working to ensure that the requirements of this guidance are in place for the Essex CCGs.

On behalf of the Essex CCGs, the Emergency Planning works in collaboration with NHS England Midlands and East (East); they also represent them at the Local Health and Resilience Forum and Essex Resilience Forum.

Audit Arrangements

KPMG LLP are the appointed external auditors from 1.4.2018 by the Governing Body of the CCG. The total planned fee for the 2018/19 audit was **XXX (to be added)**. No other work was carried out by KPMG LLP during 2018/19.

Improving Care

NHS Southend CCG has worked with our providers to improve care and implement the quality and safety agenda by promoting and embedding the NHS constitution.

The CCG has:

- acted effectively, efficiently and economically
- worked to increase internal and provider awareness with regard to the need to reduce inequalities
- promoted the involvement of patients and carers in decisions about their healthcare
- acted with a view to enabling patients to make informed choices
- obtained appropriate advice and consulted with a range of health professionals and stakeholders to improve the quality and safety of our patients’ service provision
- promoted innovation within practice

Here are some examples of how working with our providers, other partners, we have improved care during 2018/19:

Hospital services

Ophthalmology

Sight loss is one of the major health challenges facing the NHS and addressing its cause is a national as well as local health priority. Currently nearly 10% of all outpatient appointments and 6% of the surgery in the UK is focused on eye care.

For our local eye services there are approximately 20,000 new referrals each year (c1500 per month), and the need for follow-up care continues to grow with circa 50,000 follow up appointments last year.

In 2017/18 we implemented a number of community pathways, enabling people to access a wider range of eye care at their local high street Optician. The transformation work in mid and south Essex continued at pace in 2018/19, with the introduction of a large scale change to how acute Ophthalmology services will be provided by the local NHS Trusts.

Following detailed planning with clinicians, a new community pathway was launched in February 2019. Patients referred into the Ophthalmology service at Southend Hospital may now be seen in either a hospital or community setting. The new service aims to provide patients a quick and convenient assessment, diagnosis and treatment of eye problems. A hospital Ophthalmology consultant will triage the referral and decide the best pathway for the care and treatment needed. Patients suitable for the community service will be given a choice of optician, where they will be seen by an optometrist skilled and qualified to assess and treat a range of ophthalmic conditions.

Non-Emergency Patient Transport Service

In September 2018, the NHS PTS Framework launched across the STP. ECRs (known as extra Contractual requests) from the three Contracted providers in both Mid and South Essex, where demand is high or, a journey is out of Contract, are forwarded to the Joint Committee Transport Team, working on behalf of the five CCGs and three Trusts, to effectively and safely outsource non-emergency patient transport requests to private providers.

Integrated Urgent Care

In July 2018, following a successful procurement process, Integrated Care 24 (IC24), became the Integrated Urgent Care provider across Mid and South Essex. The Integrated Urgent Care (IUC) service delivers a 24/7 NHS 111 telephony service supported by a clinical hub and a GP out of hours service for 1.2million people. IC24 is a not for profit social enterprise and was the previous provider of NHS 111 and GP Out of Hours service in South Essex and the previous provider of NHS 111 services across Mid Essex. The addition of a clinical hub allows patients with an urgent care need to receive assessment, advice, signposting or referral (where necessary) to local NHS services. Helping ensure patients get to the right place, at the right time. In the first six months from launch, the service has answered 181,742 calls, assessed 75,877 people in the clinical hub and seen 45,083 patients in the out of hours service, across nine clinic locations.

NHS 111 Online

From June 2018 patients across Mid and South Essex have been able to access the same urgent medical advice from the NHS 111 phone line, online at 111.nhs.uk. This is a new, national service which provides a fast and convenient digital alternative to the phone line and helps to manage increasing demand on 111 telephone services. NHS 111 online helps patients to access urgent healthcare using their smartphone, laptop or other digital device; receiving an assessment, advice or signposting in the same way you would in an NHS 111 telephone contact. For Mid & South Essex patients, if you require a further clinical assessment prior to being directed to another service, NHS 111 Online will directly link you into the IUC clinical hub. Clinicians in the hub will have access to the online assessment outcome and be able to continue the assessment over the telephone, helping enable patients with more complex symptoms to be directed to the most appropriate service for their needs.

Stroke Prevention in Atrial Fibrillation

Detection and prevention of AF is nationally recognised as a priority in the prevention of Atrial Fibrillation (AF) related strokes.

Estimates suggest AF prevalence is increasing with age and if left untreated is a significant risk factor for stroke and other morbidities. Many preventable strokes occur every year leading to thousands of early deaths.

Castle Point & Rochford and Southend CCGs undertook a joint application to participate in a 12 month national project to improve the detection and treatment of (AF) patients which is funded by NHS England and managed by UCL Partners academic health science partnership.

The successful application resulted in the award of 57 AliveCor Kardia mobile devices that would allow for the distribution of one device for each GP practice.

The mobile ECG device is portable and small enough to be fitted to the back of a smart phone or tablet. A patient makes gentle contact with the device's two metal pads with two fingers of each hand and it produces a medical grade ECG trace which appears on the GP practice smart phone or tablet within 30 seconds.

Instant analysis occurs through the mobile device APP (compatible with both Apple iOS and Android devices) provides accurate detection of AF. The ECG trace can then be emailed to the GP in order to support clinical decision making and inserted in the patient's medical record.



Data for the first six months of the pilot

shows:-

Screens undertaken	AF	Normal	Unclassified	Noise/ incomplete
383	23	295	54	11

Mental Health, Learning Disabilities and Dementia Commissioning

Castle Point and Rochford CCG, Southend CCG and Southend Borough Council have a single integrated commissioning team for mental health, learning disabilities and dementia. We are working with other CCGs and local authorities across the mid and south Essex STP and greater Essex to co-ordinate our efforts in a shared response to the priorities identified in the *Mental Health Five Year Forward View* and our common wider goal of transforming mental health services for our populations set out in the *Southend, Essex and Thurrock Mental Health Strategy*. Local people have told us that the things that would make the biggest difference to their lives are:

- 24/7 mental health crisis care including meaningful alternatives to admission, liaison psychiatry and a more integrated approach with police and other agencies.
- Ensuring that people can get rapid access to the most effective treatment and support to shift the focus to earlier intervention and prevention.
- Developing approaches that more effectively integrate mental and physical health services to better meet the needs of people who may have complex health problems.

Plans for transforming our local mental health services to achieve these goals are being developed and implemented and a substantial amount has been achieved over the past year, as detailed below.

Perinatal mental health – The specialist community perinatal mental health service, which covers the Essex region, is now operational and showing an increase in referrals. The service is performing well, in line with NHS England targets. A South East Essex Perinatal Mental Health Steering Group is now well established and focussing on local pathways development and enhancing the localities-based support available not only for mothers, but for families. In Southend, there has been the introduction of two new roles (funded by Better Start Southend Big Lottery Fund): Specialist Health Visitors for Perinatal Mental health, who can offer additional support for parents and children under 4 in Better-Start areas. There is a pilot ‘mother and babies group’ due to commence which designed in partnership between IAPT and Better-Start.

Common mental health problems – Southend CCG has invested recurrently into local primary care psychological therapies service to achieve higher levels of performance for people with common mental health problems like anxiety and depression. Plans emphasise a more integrated approach including further expansion to provide for people with long term physical health problems. This has been expanded during 18/19 with psychological support available for people with COPD and carers using locality based approaches.

Community mental health services – The focus will be on the integration of community mental health services into the new locality approaches to developing expanded primary care services. The CCG has invested an additional £77k in the EPUT Early Intervention in Psychosis (EIP) Service, including funding for additional capacity to support more people into education and employment. The introduction of a dedicated employment advisor within the EIP team has resulted in improved outcomes for this client group, with 75% of those supported by this worker retaining employment for at least 6 months, and 83% of those supported completing an educational course.

The REACH project has been procured so it can move out of the pilot phase into a longer standing project. The aim is to provide two separate offers; one will be the continuation of the Recovery College and the other a mental health well-being café that incorporates crisis support. The aim of both is to provide a wider range of help for people with recurrent and relapsing mental health problems, shifting towards prevention, earlier more effective intervention, and recovery orientated multi-disciplinary approaches in localities.

Southend CCG was successful in receiving Wave 1 funding from NHSE to accelerate the delivery of employment support through Individual Placement and Support. This has enabled more people with a severe mental illness to gain employment and retain their employment role.

This year has seen the physical health of those experiencing serious mental illness (SMI) take an increased priority. In South East Essex, a Steering group has been set up which brings together partners from across our community with a focus on improving the uptake of physical health checks, and access to interventions. We are aiming to develop locality teams with mental health expertise to work within Primary Care services to support people with SMI to get access to the physical health assessment and interventions in their local area.

Acute inpatient and crisis care – Thurrock CCG leads on developing 24/7 mental health crisis services across the mid and south Essex STP. South Essex has received £700k to expand the existing liaison psychiatry services, enabling a range of interventions to reduce avoidable admissions for people with dementia and other long term conditions, and to provide a higher level of 24/7 mental health crisis support for people presenting at Southend Hospital A&E Department. There is consensus about the need to review inpatient mental health services across the county. The aim is to reduce reliance on inpatient services and expand the work of crisis resolution and home treatment teams to provide more focus on treatment and better support at home.

Dementia - Our local dementia diagnosis rate remains well above the constitutional target of 66.7% (December 2018 the diagnosis rate was 79.3%). Southend continues to have the best dementia diagnosis rate in the STP. We are also planning to improve the support available for people who receive a dementia diagnosis. This will provide a strong foundation for the work we will be undertaking going forward on integrating services for people with dementia into the four localities that will increasingly become the focus of how NHS and social care services will meet the needs of local people.

2018-2019 saw us move forward with ISPACE is a holistic toolkit that supports staffs understanding of Dementia, having a dementia champion as a point of contact, joining the DAA, involving the PPG, encouraging End of Life planning which will empower families to make the right decisions at an earlier point of their Dementia journey, and finally looking at the environment from a perspective of someone entering the building with Dementia; and making changes if needed.

The Southend Dementia Innovation Grant is designed for grass roots community groups, to support people living with Dementia, to live well. The aim is to target people who are affected by Dementia, and live in the Borough of Southend. The grant amount available is £50-1000, and there are four rounds that groups can apply for.

Projects that have been funded include:

- Seated exercise train the trainer course.
- Active Life – sensory equipment for day centres, 12 sessions.
- Compostable toilet to enable gardening access at the allotment.
- Seated Yoga/ hand massage within five care homes/day centres
- DF flower arranging in Belfairs woods
- 2x Dementia Friendly walks around the wood with a trained guide giving talks about the beautiful surroundings: 21st January and April including hot soup and roll

We have linked the surgeries to the Dementia Action Alliance, so that the staff are aware of any activities going on in their local area that patients may be interested in joining in with; and to combine ideas on up and coming projects for the future year.

Several stakeholders (Public Health England, Social Care Southend Borough Council and Essex County Council) have worked together to create Dementia Friendly Dentist Toolkits. The toolkits have been created to support the two industries in becoming Dementia Friendly in a holistic way just like ISPACE. We hope to link the Care Home Dementia Support to the local Dementia Friendly GP's and Dentists, to give a fully inclusive support system to those living with Dementia in all stages of their journey.

Learning Disability and Autism

Southend and CPR CCGS in partnership are committed to increasing the uptake of Annual Health Checks for People with a Learning Disability aged fourteen plus. A task and finish group has been convened, and there has been significant activity around promoting the Healthchecks in the community, including the production of a video, workshops, and a presence in the Community Café/LD Hub in Southend; engagement with GPs has increased, and there is increased confidence in the data on the registers. Planning has taken place around the way we contract for Healthchecks with GPs, and alternative community provision where this is more appropriate for patients to access. Communications improvements include sharing easy-read material and models of good practice in contacting patients, and in 19/20 we will be producing birthday card reminders, which should also help to spread the uptake across the four quarters of the year, as historically the majority are completed in Q4, which makes it difficult to address missed opportunities for access.

The Essex-wide LD health contract for Core Services went Live in November 2018, with EPUT delivering in South Essex, and Hertfordshire Partnership NHS foundation trust as the overall contract lead. Both Southend and CPR CCGS are engaged in planning for the local LD services we will need within our remaining budgets, and these Place Plans will come into effect from April 2019.

The Autism Diagnosis service, commissioned across a South Essex foot-print, has continued to reduce waiting times, and there is an ancillary OT support service for those who have been diagnosed where there is a specific need. The lead psychologist is a strong voice for the needs of people with Autism without LD, where there are less clear pathways to support and service; in both CCG areas, she engages with the relevant Local Authorities and partner agencies to improve the pathways to support most needed by the people diagnosed.

Children and Young People's Emotional Well Being and Mental Health service (EWMHs)

The Children and Young People Emotional Wellbeing and Mental Health service and service transformation are now in their fourth year. The Southend Essex and Thurrock children and young people's five year Local Transformation Plan (LTP) '*Open up Reach out*' sets out the agreed priorities for service development and improvement in children and young people's mental health services in order to fulfil the national requirements set out in 'Future in Mind' (FiM) published in March 2015, and – Implementing the Five Year Forward View (FYFV) for Mental Health, published in July 2016.

During Year 4, (2018/19) commissioning partners across Essex continued to invest in the service developments and priorities identified during Years 1, 2 and 3 of the LTP. Additionally in Year 4 of our plan, a growth in national funding created the opportunity to increase our investment from £5.3 million per year in 2017/18 to a planned investment of £6.5million 2018/19.

Year 4 is a year of delivering, evaluating, adapting and planning across children and young people's emotional wellbeing and mental health areas and the wider system to support improvement and sustainability. We are:

- Continuing to embed the Essex wide specialist Community Eating Disorder Service, - by 2020/21, evidence-based community eating disorder services for children and young people will be successfully delivering the national measure of 95% presenting cases will receive NICE concordant treatment within the nationally prescribed timescales;
- Mobilising the Learning Disability CAMHS Pilot extending the age range of eligible children and young people from 12 to 18 years across Southend, Essex & Thurrock - with evaluation in order to inform future CAMHS re-procurement options;

- Crisis services – continuing the re-configuration and transformation by piloting the new service model offering the existing A+E liaison pathway together with an Enhanced Community Response pathway (including Home Treatment);
- Transitions – Piloting the development and implementation of a transitions service offer to enable young adults to meet their ongoing care/support/discharge plan;
- Access to services – working together to ensure increased numbers of CYP commence treatment in NHS funded community services and expect to exceed the NHSE set target for 2018/19;
- Outcomes – working with NELFT to sustain a culture of continuous evidence-based, outcomes focused service improvement delivered by a workforce with the right mix of skills, competencies and experience working with the existing Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) programme;
- Continuing to improve and build CYP and family engagement and communication;
- Continuing to develop, integrate and work with the wider children’s service system to provide a seamless offer (Tier 4 inpatient, EHC, TCP, Paediatric care, Vulnerable Children including Children Looked After & Children identified as in Need).

The 2018 LTP refresh for Southend Essex and Thurrock was published in December 2018 and is available for review here: <https://southendccg.nhs.uk/policies/1188-mental-health-services-for-essex-open-up-reach-out>.

Primary care co-commissioning

2018 – 19

South East Essex Primary Care Overview

Across south east Essex general practices provide approximately 145,000 appointments every month. Every year they also:-

- Handle an estimated **1.8 million** phone calls
- Receive and process **over a million** letters;
- Issue around **2.7 million** prescriptions per year;
- In addition over more than 1/5 patients now use **Patient Online** with practices support

A number of investments have been made to improve access to services and working lives for our Primary Care workforce. These include:-

- New funding provided so that patients can be seen by a healthcare professional on weekday evenings (up to 8pm) as well as at weekends.
- Recurrent investment to enable groups of GP practices working together within their locality as “Primary Care Networks”. This funding has allowed localities to employ additional staff who work across the practices bringing a wider range of clinical and professional skills into Primary Care. These staff complements the traditional GP / Practice Nurse model and patients can now be seen by professionals with a wide range of skills and from a range of backgrounds including Paramedics, Physiotherapists, Clinical Pharmacists and Advanced Nurse Practitioners. From April 2019 this service will be in place across Southend

- Specialist training for practice reception staff in Care Navigation skills to ensure that when patients contact the practice to request an appointment, they get the right care from the right healthcare professional

The CCGs are committed to delivering further improvements in Primary Care and in June 2018 the CCGs approved a new Primary Care Strategy “ Investing in our Future “ and associated Implementation and Investment Plans.

The primary care strategy has been published by the five (CCGs) in the Mid and South Essex STP area and aims to:

- Make it quicker and easier for patients to be seen locally by NHS professionals
- Reduce pressure on GPs so they can focus on patients with the greatest need
- Improve the recruitment of GPs and other healthcare professionals to mid and south Essex

[Click here to read the full strategy.](#)

To explain more about the local plan and tell you more about what’s already happening, the CCGs communications team have developed [a video](#) that we have used on social media and at local events as part of local engagement work.

To watch the video click [here](#)

Our CCG Chairs have also published a blog for NHS England on this work which you can read here.

<https://www.england.nhs.uk/blog/your-doctor-can-see-you-now-but-do-you-actually-need-to-see-a-doctor/>

Primary Care Co-Commissioning

We remain committed to developing General Practice so that it remains resilient and sustainable into the future in line with the ‘GP Forward View (GPFV)’ which will deliver improved access and quality of service for our population. We have a number of significant programmes of work to build a more resilient and sustainable primary care over the next 3 – 5 years. These include the following;

- Supporting our practices to access new GP Forward View investment commitments including ‘GP Resilience’ funding. Successes include:-
- Local practices securing funding to support them to achieve great sustainability through working together “at-scale” and in the emerging Primary Care Networks
- Secured funding secured via the ‘GP Resilience Fund offering all practices support to undertake the “Wessex Tool; Diagnostic Health Check” in collaboration with the Essex LMCs
- We have further developed our Contract Assurance Processes working more closely with NHS England and our own Quality team to develop and more complete process.
- Consolidated the Southend and Castle Point and Rochford CCG dashboards into a one single tool and incorporated Quality and Medicines Management data to ensure a complete practice overview is available. Dashboard now more able to provide a potential early warning indicator.
- Pro-active support provided to practices through the national, High Impact Action Programme (HIA). This continues to be well received by practices across both CCGs. A range of initiatives are offered to practices including Care Navigation training, Patient Online Services, Patient Online Consultations and Quality Improvement schemes. 89% of Southend Practices have adopted at least two or more and 48% have adopted five or more of the High Impact Actions

- We have designed a Membership Development Programme and sought whole delivery provider bids securing training to support longer term business sustainability and development.
- Developed and ratified a revised Emergency Caretaker Policy to ensure efficient and safe coverage for our registered population in times of urgent need and preparing to procure a Caretaker provider framework to enable rapid response.
- A full review of the Special Allocation Scheme (SAS) undertaken across the STP footprint. This service provides primary medical services to those patients immediately removed from normal registration due to perceived or actual threatening or violent behaviour and is essential to ensure our population has access to health services in a safe and secure environment. The review has established the need for a single procurement to be undertaken to secure a sole provider delivering in each of the five Mid and South Essex CCG, improving access, continuity and quality to ensure greater benefits to the wider system. A provider has been identified and the shared service will commence from April 2019.
- We have established four localities in Southend serving populations of between roughly 40-60,000 people. Our community and social care services are integrating and restructuring how they provide care to meet the needs of the different localities. Our GP practices, within each locality, have been working with the CCG to consider how they can create alliances across localities that allow delivery of enhanced services at scale. These alliances are key to transforming primary care and creating a more resilient General Practice for the future.
- We invested this year and last in workforce recruitment of GPs to Southend from other European countries. Last year we employed further GPs through this scheme to start work in Southend a total of three GP's remain employed.
- Merger facilitated between West Road surgery and their neighbour Dr Gul who subsequently retired.
- Dr Khan a long established and respected provider at Canarvon Road Medical Centre was supported to move to purpose built modern premises at the North Road Primary Care Centre just a short distance away. This move has been very well received both by staff and patients alike.
- St Lukes – after extensive consultation and negotiations plans have now been agreed and work commenced to facilitate the development and refurbishment of nearby premises which will provide a new fit for purpose modern larger site for this registered population. Also providing additional space for development of a locality hub.
- Of the 14 practices revisited across south east Essex in 18/19 by CQC 11 were rated as 'Good' with 3 'Requires Improvement'. Overall we currently have 48 practices out of the 51 rated as Good overall by CQC

Improving Access through Digital Tools

- **iPlato**- is a service introduced for GP practices to enable them to communicate directly with patients to remind and check that they still need their appointment and communicate health campaigns through personalised messaging.
- From July to December **10,863** appointments were automatically freed up for other patients to use by allowing patients to text and cancel GP appointments they no longer need using iPlato
- **Patients on-line**, Practices have continued to make services available to patients online including booking and cancelling appointments and ordering repeat prescriptions. The number of people registered for these services continues to rise:- .

Patients registered to book/cancel appointments online in Southend

Jan-18	Jun-18	Dec-18
16.0%	18.7%	22.8%

The CCG preparing to further actively promote sign up to patient on-line services as part of the launch for the NHS App later this year.

Digital Consultations: work has been undertaken this year to build on local pilots of Online Consultation software being used in Primary Care to support service delivery. Clinical and public engagement has informed local plans which now being progressed in line with feedback and alongside implementation of the NHSApp. We intend to make software available to all GP Practices during 2019/20

Building Quality Improvement Capability

Quick Start Productive General Practice Programme (PGP). PGP is an NHSE evidenced based programme that provides the tools and guidance to make rapid improvement in general practice. This was launched at a workshop held in September 2018.

- Twelve practices signed up and participated in the programme, each selected two modules to use to address and implement changes. The main issues addressed were,
 - Improving internal workflow of clinical correspondence
 - Changing method for issuing repeat prescriptions
 - Reducing identified 21 - 30% of inappropriate GP consultations
- Total 161 actions delivered and a further 123 planned
- Total hours saved per annum: 8,884, (Admin: 4762hrs, Clinical: 4122hrs)

Building on the success of the Productive General Practice programme we have established South East Essex Quality Improvement Collaborative to oversee and bring together partners within localities to develop and implement local initiatives (using a Qi approach) to harness the opportunities presented by the, Five Year Forward General Practice Forward View and support development of new care models.

Progress so far.

- Recruited two GPs as QI fellows to facilitate and support planned eight QI locality Leads and each CCG / locality
- Recruiting eight QI locality leads to support delivery of the collaborative and roll out further QI to ensure sustainability.

Home Visiting Service introduced to add capacity and support to general practices through providing home visits to patients. GP's allocate visits to the service and this frees up the GP to see more patients. The service is provided by, Advanced Nurse / Emergency Care Practitioners and by working in partnership with Southend Borough Council we have developed a model that includes integrated social work support

Care Homes: In 2017 we implemented an Enhanced (GP-led) service to provide dedicated support to residents of care homes. This is now fully mobilised and we met our aim that, *100% of care home residents to have a supportive scheme in place by July 2018*. Since October 2017, care homes in south east Essex (SEE) have seen their Accident and Emergency (A&E) attendances fall by 29%, and non-electives by 24%; This has prevented 634 hospital attendances in total; for a gross saving

of £785k. In addition to further improve quality and support this work in Care Homes we also introduced the, *Telehealth initiative and Red Bag Scheme*.

Red Bags Scheme Introduced to all older people care homes across SEE in June 2018. This is recognised by NICE as best practice for the transfer process between care homes and hospitals, as it standardises the paperwork included; ensuring all important and relevant information is sent with the resident (in the red bag) when travelling between their home and hospital. The bags have space for an individual’s medication, dentures, hearing aids, glasses and a spare set of clothes.

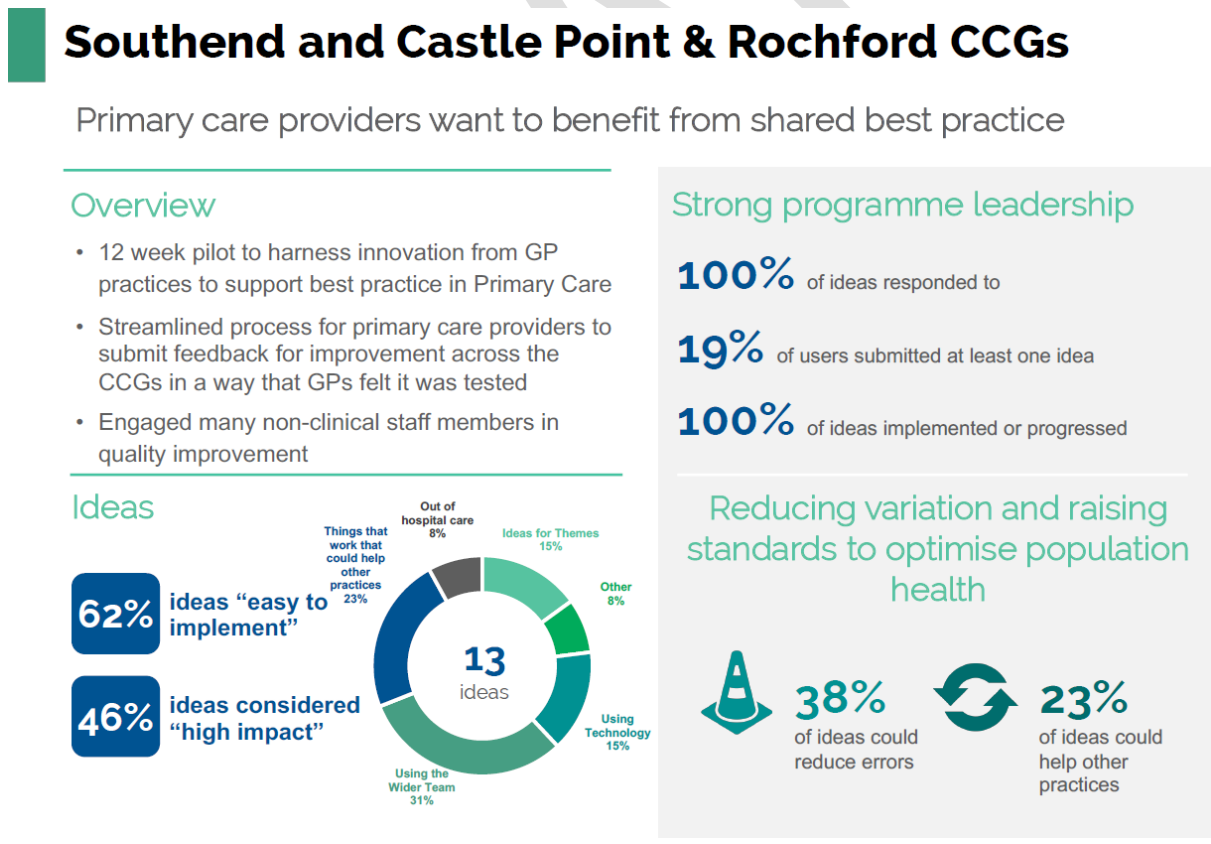
ImproveWell

NHS Southend and Castle Point & Rochford CCGs were delighted to be the first CCG’s nationally to utilise a free mobile application to empower staff to share their innovative ideas for quality improvements directly with senior management. The CCGs were awarded a years’ licence by UCL Partners, for the fantastic outcomes realised during a 12 week pilot period, which commenced in May 2018.

By downloading the free ‘ImproveWell’ mobile app and creating an account, staff can share their ideas with senior management and healthcare colleagues, with ease.

Submissions have already been received from primary care and general practice colleagues, across all roles, including admin, clinical and practice based pharmacists.

Figure 1: South East Essex ImproveWell Pilot outcomes



Surgery pods

The surgery pods have been introduced in two GP practices to help patients monitor their health without having to wait for a GP or nurse appointment. This has freed up additional nurse appointments for other patients.

ACE Lifestyle service

GPs in Southend are now able to refer patients into the ACE Lifestyle service who wish to make positive changes to their lifestyle to improve their health and wellbeing.

The service includes a personalised programme to help people reach their health goals. This could include 1-to-1 support or referral to other programmes such as weight management, physical activity or stopping smoking.

First Contact Practitioners (Southend)

A number of highly trained Muscular-Skeletal (MSK) specialist physios have been commissioned to work in Primary Care to see patients with MSK related health queries without the need to see a GP. This will free up GP time to see other more appropriate patients, whilst also ensuring patients are treated without the need to be referred to the hospital. The model is being tested in the Southend West locality, as part of a national programme before consideration is given to how this can be introduced in other areas in need of the scheme.

Engagement

We engage with individual member practices via dedicated Time to Learn sessions and membership forums. This is used to consult with practices about commissioning plans and proposed service developments, as well as providing clinical training for GPs and nurses for specific areas and via this programme, member practices are able to engage more fully with CCG planning and commissioning.

In addition to a fortnightly GP bulletin with information about referrals/pathways, CCG news and dates to note, we also have a dedicated members' area section on our website. GPs are also invited to attend our monthly Locality Commissioning Group meetings, giving them the opportunity to feedback their views on our commissioning plans and talk to officers of the CCG.

CCG Member Practices and their respective Patient Participation Groups have once again been active in reaching out to local residents in the community to develop engagement and involvement activities.

Practice Nurse Forum

In partnership with our practice nurses we reviewed the purpose and functions of our Practice Nurse Forum to develop further a forum that will provide the practice nurse workforce with the opportunity to discuss and experience good practice, review new evidence based guidance and provide a platform to engage in meaningful discussion.

The development of the forum is in direct response to the 10 point action plan developed by NHS England, and aims to improve retention within the practice nurse workforce.

A number of clinical education sessions have been held to date. The aims of the education sessions are to ensure that the practice workforce has access to relevant and up to date evidence based practice.

Learning Disability Health Checks

We established a south east Essex multi stakeholder Learning Disability Task and Finish Group.

There are two specific targets which NHSE and CCGs are working towards improving access and outcomes for people with a learning disability in primary care. These are:

- ✓ To increase the proportion of people with a learning disability who are included on the learning disability register to deliver overall growth, particularly in areas of, lower take up to date.
- ✓ To increase the proportion of people on the learning disability register who are accessing annual health checks (new for 2017/18) so that 75% of those on the register will have had an annual health check by 2024.

The task and finish group have already progressed a number of actions that have helped increase the number of people presenting and completing a LD Health checks for south east Essex. The next step is to further engage with the LD community to co-produce materials for inviting and measuring the user's experience of the healthcheck.

Building Digital Capability

- Following publication of the Primary Care Strategy a Digital Opportunity Review has been undertaken and actions are being progressed with system partners
- A GP Clinical Lead for Digital has been identified and a clear programme of work is being established.

In addition to patient facing Digital Health tools, such as iPlato, Patient Online, the NHSApp, and Online Consultation software work is underway to improve and develop

- Infrastructure and connectivity – e.g. GP Wi-Fi
- Skills, tools and capability in regards to data and analytics
- Access to Information Governance advice for Practices
- Digital Leadership Skills e.g. NHS England Digital Nurses Programme

Further plans for 2019/20

In 2019-20 the primary care team will continue to support general practices by focus on 'locality development' and how to ensure that the locality supports individual practices, for example by reducing workload or taking on some work on its behalf where this is appropriate.

Localities will have a key role in:-

- Managing and reducing demand, for example through common triage processes and the deployment of Care Navigators
- Providing a common 'building block' for integration of other services, such as community, mental health and social care
- Ensuring that at a locality level there is consistent modelling of demand and capacity
- Providing tools to help practices manage workload
- Supporting practices with the recruitment of staff, potentially building on the existing expertise built up through the Workforce Training Hub and EPIC (now the Essex Primary Care Careers) programme
- Creating the critical mass that will enable some services that have traditionally been provided in a hospital setting to be redesigned and re-provided in the community
- Supporting practices to reduce bureaucracy by, for example, sharing back office functions and implementing digital solutions
- Leading patient education on accessing services and self-care

Further development of schemes and initiatives including:-

- Primary Care Network development and support

- Membership Development Programme
- Improved Front Door Triage & Virtual Care Navigation
- Maximising Digital Opportunities
- Safer Working in Primary Care
- Understanding High Intensity Users of Primary Care
- Redesign of Back Office Function
- First Contact Audiologists
- Physicians Associates
- Introduction of Risk Stratification Tools and Population Health Management

Local Midwifery System (LMS)

The CCGs lead maternity service transformation on behalf of the mid and South Essex STP in partnership with providers, commissioners and service users. An LMS plan has been developed with the aim of transforming maternity services to make them safer for mother and baby, improve women's birth choices and to ensure services are as personal as possible.

The partnership includes the three acute hospital maternity units, health visiting services, mental health providers, local authority public health providers, service users and service user representatives including HealthWatch, Academic Health Science Networks (AHSNs) (UCLP) and commissioners from health and public health.

Mid and south Essex remains a safe place for women to give birth, however there is always room for further improvements and partners have worked hard to deliver the objectives within the national maternity strategy, Better Births (2016).

Key achievements of the LMS partnership include:

- Initiation of three midwifery pilots to test new models of working. Continuity of Carer aims to make birth safer by ensuring women receive continuity of the midwife caring for them during the ante-natal, labour ward and post-natal period.
- Implementation of the care bundles (best clinical practice), Saving Babies Lives to reduce the risk of harm to the unborn and new-born child across the three STP maternity units
- Establishment of a Maternity Voices Partnership to listen to the experiences of women using maternity services and seek their views on service changes and developments
- Development of new ways of digital working including implementing new a midwifery clinical system and development of a patient focused smart phone app to ensure better clinical information and support women's birth choices
- Publication of healthy lifestyle and infant care information
- Increased the offer of three birth choices for women including, home, midwife led unit and obstetric unit
- Development of personalised plans to reflect women's preferred birth choices
- Commenced work on a consistent and revised perinatal mental health pathway to ensure variation is eliminated across the STP and to improve the offer of care and support to women

- Increase access to specialist perinatal mental health services in line with national ambitions (mother and baby units and specialist community services)
- Piloted transitional care arrangements within post-natal wards to reduce the reliance on neonatal units and ensure mother and baby are cared for together on the same unit
- Increased the use of Magnesium Sulphate to prevent neurological damage to children during birth.
- Participation in the Maternity and Neonatal Health Safety Collaborative to increase staff quality improvement capacity and awareness and reduce the risk of harm to unborn and new-born children

STP partners will continue work in 2019/20 to embed changes in practice and deliver further improvements to safety, personalisation and choice for women using maternity services.

Ensuring best value QIPP 2018/19

Quality, Innovation, Productivity and Prevention (QIPP) is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver whilst making efficiency savings that can be reinvested into the NHS.

The Health and Social Care Act (2012) outlines the Government's commitment to ensuring that QIPP supports the NHS to make efficiency savings which are reinvested back into the service to improve the quality of care.

The QIPP programme improves quality and innovation so that every pound spent brings maximum benefit and quality of care to patients.

As part its QIPP programme each NHS organisation is required to deliver QIPP savings year-on-year to contribute towards this overall savings target. Southend CCG's QIPP target for 2018/19 was £14.5m and the CCG's actual year end delivery was £XXm.

The QIPP agenda continues to be driven by the CCG with strong clinical and management leadership to ensure process improvement, redesign and a clear system of project delivery. Delivery of our QIPP plans is managed through the Programme Management Office (PMO). To support this, the CCG has a dedicated PMO Manager and financial planning resource to work with project leads and stakeholders to develop robust project delivery plans.

In 2018/19, the CCG continued to work in partnership with local providers SUHFT (Southend University Hospital NHS Foundation Trust) and EPUT (Essex Partnership University NHS Foundation Trust) to develop QIPP schemes. These schemes are designed jointly and aim to benefit patients by targeting community healthcare solutions.

The joint programme is also intended to further reduce acute activity (in particular emergency attendances and non-elective (NEL) admissions).

The continuation of the Joint QIPP Programme and the ongoing agreement of shared goals and benefits have provided the opportunity to achieve acute contract sign-off in 2018/19 by virtue of these jointly managed QIPP schemes.

Progress on the overall QIPP programme implementation and delivery is monitored by Finance Leads and the PMO. The PMO continues to develop its assurance role with regular reports to Corporate Management Team (CMT) and the Financial Recovery Group (FRG).

The PMO acts as the conduit between the strategic planning process and the delivery of plans to ensure that optimal benefits are realised. A member of the CCG Executive oversees each scheme in order to ensure that milestones are met and any barriers to delivery are quickly addressed. Each scheme has a dedicated clinical lead, working with project managers to fully implement the schemes. All schemes have a detailed project plan and defined methods of measurement.

Although the CCG now has a rolling QIPP planning process rather than an annual QIPP cycle, with schemes initiated throughout the year, there has been a rigorous process to identify QIPP schemes for 2019/20. This began in 2018 and has entailed reviewing CCG and provider performance against a range of benchmarking data for particular health conditions i.e. Respiratory.

Some of the QIPP schemes implemented in 2018/19 are highlighted below:

Continuing Health Care

The CHC QIPP programme savings realisation was mostly dependent on the robust delivery of package reviews and increased team productivity.

The programme was made up of the following schemes:

- **Care Reviews** - Timely completion of CHC reviews to ensure only patients still deemed eligible for CHC are in receipt of the right level of care;
- **Contract Negotiation** - Placement officers reviewed existing cases negotiating with providers to achieve fairer market prices. New packages were also negotiated to achieve value for money;
- **Occupational Therapist Reviews** - Use of Occupational Therapist (OT) to review existing care packages to deliver efficiencies through the promotion of independence via equipment;
- **Fast Track Reviews** - Completion of FT reviews within one month of eligibility supported by a dedicated in-reach service with the Trust to minimise inappropriate usage of the pathway.

Medicines Management

A range of Medicines Management schemes were implemented that seek to promote safe, cost-effective prescribing through better application of guidance, standardisation and best practice. Examples of such initiatives include:

- **Appliance Review** – patients able to get expert support to ensure most appropriate leg bags and catheters being prescribed;
- **Diabetes audits** – ensuring that prescribed medicines are helping patients to control their blood sugar levels in the most cost-effective way;
- **Respiratory audits** – ensuring patients are receiving the most appropriate treatment to manage their asthma/COPD and have clear plans and rescue packs in place if their conditions worsen;

- **Care Co-ordination** - As part of this, patients medications were reviewed and changes made to improve issues such as inhaler technique so that patients get the maximum benefit from their medicines.

Planned Care

- **Service Restriction Policy** - Service Restriction Policy updated with stricter criteria for specific procedures as agreed by Clinical Executives Committee; Governing Body and Public Consultation feedback. Alternative services and support identified for those patients affected by the service restrictions applied.
- **Outpatient Reduction** - This project involved working with the acute Trust and primary care to reduce outpatient activity within specialities that exceed the national activity trend through pathway redesign and the use of advice and guidance. An understanding of the number of GP referrals by practice will also help reduce acute demand.

Primary Care

Enhanced Access to Primary Care – The CCG has commissioned additional capacity to Primary Care so that patients can be seen by a healthcare professional on weekday evenings (up to 8pm) as well as at weekends.

Additional staff have been employed by local Primary Care Networks (groups of GP practices who share these staff across the neighbourhood). These staff complement the traditional GP / Practice Nurse model and patients could now be seen by Paramedics, Physiotherapists, Clinical Pharmacists and Advanced Nurse Practitioners, depending on what the person's clinical need is.

GP practice receptionists have received additional training as care navigators to ensure that when patients request an appointment they are seen by the correct clinician.

JOINT QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP) PROGRAMME

South East Essex is facing a significant increase in demand for services and demographic change within the context of a challenging financial environment. In order to address these challenges, it is vital that new models of service delivery are developed which enable NHS organisations to be more efficient and productive whilst also maintaining or increasing the quality of care.

There is clearly a need for the health and care organisations to manage the demand that flows into hospitals by ensuring that only the most appropriate urgent and emergency cases are taken to hospital. There is also evidence to suggest that attendance at A&E and admission to hospital is not always necessary and many patients would be better treated in community or primary care.

The Joint QIPP Programme aims to develop and implement services that support the reduction in emergency hospital attendances and admissions. Southend CCG, Southend University Hospital NHS Foundation Trust and Essex Partnership University NHS Foundation Trust work together to put in place services that improve patient care outside of the hospital whilst ensuring that the specialist care, advice and guidance is in place to ensure each and every patient is given the appropriate care, by the appropriate health care professional in the appropriate place, whether that be in primary care with a GP or Nurse, Community Care with specialist nurses and allied health professionals, or in hospital with a specialist doctor and nurses.

The programme has identified and implemented a number of schemes in 2018-2019 financial year; these include:

Workstream 1 Respiratory - myCOPD/Pulmonary Rehabilitation	<p>This is the first stage of the respiratory transformation plan for South East Essex. Outpatient criteria and electronic referral process development. Introduce acute and community nurse led clinics to close gap in follow up of Non-Elective admission. Transform Pulmonary Rehabilitation (PR) to an options-based model. Introducing the My COPD self-management app and programme. My COPD will be utilised as a support option within the new PR options model. It is predicated each initiative will impact overall dependency on health care services and on Non-Elective Admissions.</p>
Workstream 2 Respiratory - Community Nurse Led Clinics	
Workstream 3 Respiratory - Outpatient First	
Workstream 4 Respiratory - Outpatient FU	
Workstream 5 SWIFT (Rapid Response)	<p>A new community service resulting in a significant expansion of community nursing, providing a rapid response to patients in the community who would otherwise be referred/conveyed to SUHFT due to an absence of acute community support. Maximum 2-hour response from first point of contact, underpinned by robust clinical triage.</p>
Workstream 6 Care Homes GP Led Service	<p>To provide a proactive GP-led support service to residents, to prevent crisis events, in 83 care homes with a total 2570 beds, across both CCGs. Improve the support available to both residents and staff through improved training and education. Pharmacy reviews for all residents; End of Life/Palliative Care support for residents. Introduction of telehealth to provide vital sign monitoring, clinical triage and video link into homes.</p> <p>This is an expansion of an existing scheme, with the aim in 2018/19 to have >95% of residents registered with an enhanced scheme.</p>

<p>Workstream 7 Cardiology</p>	<p>Consists of three interrelated initiatives to support Heart Failure patients (> 18 yrs old) across SEE to achieve a reduction in non-elective admissions, A&E attendances and a reduction in bed days by:</p> <p>(1) Enhancing the existing (Mon-Fri 9-5pm) Community Heart Failure Service (CHFS).</p> <p>(2) HF patients at home whose condition has deteriorated can be treated by the CHFS within 48 hours (Mon-Fri).</p> <p>(3) Restructuring of the Acute Cardiology Team to improve timely response and decision making for unplanned admissions.</p> <p>Increase of 330 referrals into the community service including 60 referred for home based IV diuretics.</p>
<p>Workstream 8 End of Life</p>	<p>This scheme is doubling the capacity in the community Palliative Care Nursing Team and Palliative Care Support Register Team (PCSR). Need to improve earlier identification of who required the service, building community caseload and register numbers. Rebalancing the caseload ratio across the teams to increase quality and efficacy, robust case management support resulting in fewer unnecessary admissions to hospital and increasing numbers of patients being cared for at home. Delivery of structured education package to professionals across the system, raising awareness and promoting patient identification, communication skills, advance care planning etc. Embed System One utilisation and Treatment & Escalation Plans across all GSF wards at Southend Hospital.</p>
<p>Workstream 9 Night Nursing Service</p>	<p>This scheme doubles the establishment of the Evening and Night District Nursing Team to enhance contact and response times for patients. Increased capacity will ensure prompt interventions and visits (where required) within 2 hours of first contact, change from task orientated and time limited approach with extended travel times to holistic and intensive support and intervention with reduced travel times.</p>

Workstream 10 Care Coordination NELS and A&E Attends	<p>To combine the 'Complex Care Service' in Southend with the 'Care Coordination' service in CP&R to deliver a clinically led, single coordinated care service for the people of SEE. The service will risk stratify the population across SEE and provide coordinated care & personal care planning for those that are identified as being frail and/or vulnerable and at risk. This is a continuation and amalgamation of existing schemes, with the aim in 2018/19 of a net increase of 969 patients registered on the caseload, in turn achieving an improvement of 155 less admissions to hospital</p> <p>Outcome = Reduction in NELs of 155. Reduction in ED attends of 300.</p> <p>Total Impact = £353,759</p>
Workstream 11 Urinary Tract Infections	<p>Development and deployment of a comprehensive training and awareness package related to sepsis, UTI and the deteriorating patient.</p>
Workstream 12 SEPSIS NELS and A&E Attends	<p>Explore and implement telehealth to support the early identification of patients</p>
Workstream 13 Falls Early Intervention Vehicle	<p>A pre-hospital, early intervention vehicle staffed by a Paramedic and Occupational Therapist working together. The primary role of the car is to attend to 999 calls in the area for falls. Undertaking a holistic assessment and carry out treatment at home where possible, carrying common equipment required to support people in their own homes and refer them to other appropriate services.</p>

It is crucial that the economic challenge does not change the new model of care focus. There needs to be continued support for cross-organisational innovation to develop pathways that improve effectiveness and enhance the patient experience as well as providing value for money.

It is recognised across all organisations that this is a significant challenge but there is good evidence that concentrating on delivering high quality care, prevention and early intervention can improve efficiency and save NHS resources.

There is robust cross-organisational governance in place to ensure that each scheme is patient-centred, is driven by quality for both patients and staff and is monitored regarding performance.

An executive led Joint Demand Management Group meets fortnightly attended by all involved organisations to ensure that each scheme delivers what was outlined at initiation and that there is a system-wide benefit for patients and the organisations.

The Joint Demand Management Group report into the A&E Delivery Board and ensures the schemes are consistent and beneficial for the system.

The 2018-2019 schemes have realised £4,000,781:00, 85% of the planned Joint QIPP benefits.

Transforming services: Looking to the future

Since 1948, the NHS has constantly adapted itself and it must continue to do so as the world and our health needs also change. We are now able to treat people with new drugs and provide clinical care that wasn't available in the past. As life expectancy increases, so do the ailments of old age and there are now more people with chronic conditions like heart failure and arthritis.

There are also big opportunities to improve care by making common-sense changes to how the NHS works, to improve services and make things simpler. This is why the NHS and local councils have come together in 44 areas covering all of England to develop proposals for health and care.

In 2016/17 each area produced a Strategic Transformation Plan (STP) planning services for the next few years. With services under more strain a system wide approach of collaboration between organisations will play a crucial part in helping patients get the right support, at the right time, to help manage a wide range of needs and make the best use of precious NHS resources. Throughout 2018/19 we have continued the journey of local implementation of local health and care services.

Castle Point and Rochford CCG and Southend CCG are part of the mid and south Essex STP planning footprint. (See Mid and south Essex STP section on [page XX](#) for more details).

Strengthening and transforming General Practice plays a crucial role in the delivery of the STP. The General Practice Forward View, published in April 2016, set out national investment and commitments to strengthen general practice in the short term and support sustainable transformation of primary care for the future.

CCGs were required to translate the aims and key local elements of the General Practice Forward View into a more detailed local delivery plan.

2017/18 saw the development of an STP-wide Primary Care Strategy. The plans set out the overall vision for primary care across the STP, including how this will improve primary care sustainability, access and quality. It sets out how this supports the transformation described in the STP and contributes to improving the quality of care.

Here are just a few examples of some of the work we have been doing with our partners during 2018/19 to transform services...

Use of technology in care homes (Southend)

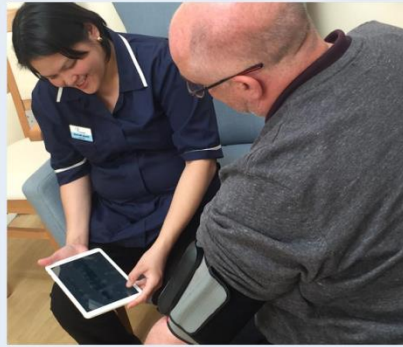
Care homes in Southend are benefitting from new technology to monitor the health of residents, in order to improve health outcomes and reduce avoidable and distressing trips to hospital. As part of the pilot scheme, 18 residential care homes have been provided with a portable handheld device which connects to Bluetooth medical appliances, such as weighing scales, blood pressure monitors, oximeters and thermometers.

#MondayMotivation



Families can have confidence about the quality and safety of the care being provided, because their loved ones' health is being regularly monitored and assessed.

Care Home Manager,
Westcliff



Castle Point and Rochford Clinical Commissioning Group
Southend Clinical Commissioning Group

MSK (Southend)

The First Contact Practitioner (Physiotherapy) service, provided by Southend Hospital, is designed to allow patients with musculoskeletal (MSK) problems to see a specialist at their own GP practice without the need to see a GP first. The aim of this service is to treat patients with an MSK condition more quickly and reduce pressure on GPs. They are assessed and given advice on how to manage their problem, or referred for further investigation and treatment if required. This pilot scheme has been introduced at Pall Mall Surgery in Leigh, with plans to extend across more GP practices in the area.

#MondayMotivation



“ Having musculoskeletal expertise in the GP practice means patients can get the right support and the care they need quicker. ”

Anthony,
First Contact Physiotherapist



Castle Point and Rochford Clinical Commissioning Group
Southend Clinical Commissioning Group

Southend University Hospital Foundation Trust

Community Dementia Support Team (south east Essex)

The Community Dementia Support Team works across all eight localities in south east Essex as a single point of contact for everyone affected by dementia, and has recently been shortlisted for Team of the Year at the LGC Awards.

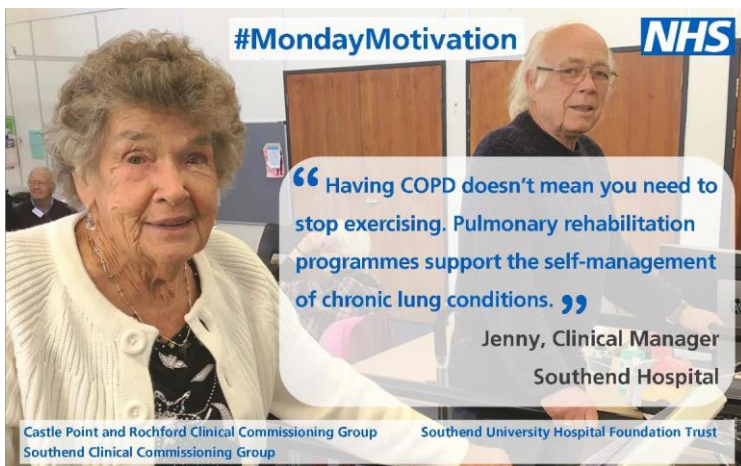
Support ranges from signposting to relevant services to home visits to ensuring that each individual in their service has the support and guidance they need throughout their dementia journey. Every member of the team is passionate about their work and driven to make the area, people and organisations as dementia-friendly as possible.



Pulmonary rehabilitation (south east Essex)

Pulmonary rehabilitation is a programme of progressive exercise and education for people with COPD and other chronic lung conditions. The programme, delivered in south east Essex by Southend Hospital, has recently become even better – offering more options on how people receive their treatment tailoring the care to suit the needs of individual, whether that’s at one of our four centres across the south east Essex region, at home using telephone support or a combination of the two.

Referrals can be made by any healthcare professional you see, including your GP, practice nurse or community nurse.



New roles in GP practices: Paramedic (Southend)

Working across eight GP practices in the East Central locality in Southend, Kevin uses his skills as a paramedic to carry out home visits. He sees patients who are experiencing an episode of ill-health, often with complex health issues and, with support from the duty doctor, assesses their needs and works out a care plan. The role, as part of a wider multi-disciplinary team, is one of the ways GP practices are working together to look after their local population.



Care co-ordination service (south east Essex)

Our Medicine Management team plays a key role in the care co-ordination service across south east Essex, and in the last year has reviewed more than 800 patients to enable them to get the most out of their medication. This has included educating patients on correct inhaler technique, providing information on diabetic diet and injection technique and offering lifestyle advice.

Through this review process, and by working closely with patients and general practice to ensure medication is prescribed and taken appropriately, the team has been able to make a saving of £270,000 across Castle Point, Rochford and Southend. More importantly, patients of the care co-ordination service can make the most of the team's expertise to help them stay well when living with a long-term condition.

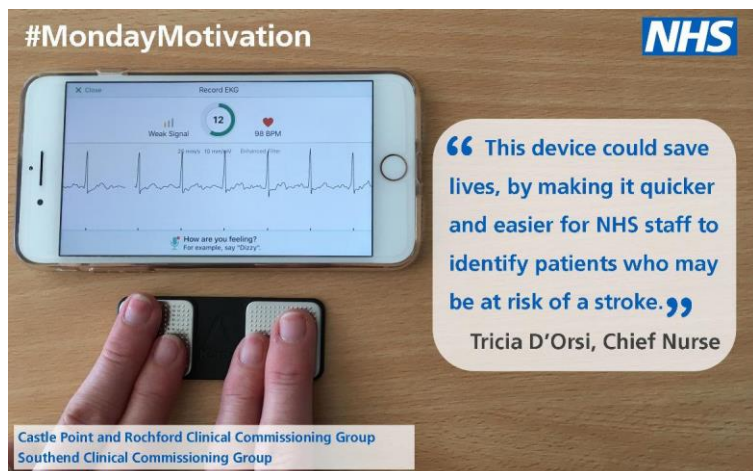


Mobile ECGs (south east Essex)

All GP practices across Southend, Castle Point and Rochford are being offered free technology that gives healthcare professionals a quick and simple way to identify people with irregular heart rhythms quickly and easily.

Using a compatible smartphone or tablet device, the new mobile ECGs can record the electrical activity of the heart through a person's fingertips. Small and easy-to-use, NHS staff can also take the devices on home visits and allow more staff in more settings to quickly and easily conduct pulse checks.

The mobile devices provide a far more sensitive and specific pulse check than a manual check and this reduces costly and unnecessary 12 lead ECGs to confirm diagnosis. As a result, the project aims to identify hundreds of new cases of irregular heart rhythms (known as atrial fibrillation), which could prevent people having life-changing strokes.



Red Bag scheme (south east Essex)

The Red Bag scheme has been shown to reduce hospital delays, help stop patients losing personal items and improve communication between care home and hospital staff. It was launched in south east Essex this year following collaboration between the CCG, Southend Hospital, East of England Ambulance Service and local care homes.



SWIFT (south east Essex)

A new service where a team of nurses and care assistants supports people in their own home was launched across south east Essex this year.

The SWIFT service is aimed at people who might be having a flare up of a long term condition or have an infection that isn't getting better, which would usually result in a stay in hospital. This can now be safely avoided with the additional support that the SWIFT team can provide in people's homes.

The new community team visits patients within two-hours of receiving a referral from a GP practice, district nurse or community long-term conditions team and the ambulance team (EEAST) to stabilise their immediate health need.



Digital and Information Technology Innovation and Transformation

We work very closely with Castle Point and Rochford CCG who have led many of the digital innovation and transformation initiatives across the Mid and South STP footprint. This year we successfully secured £3.4m of capital investment for use across the STP for digital transformation initiatives.

£160k funding was approved from NHSE for a telehealth project in Southend. Telehealth is a pilot that is part of the wider 'Deteriorating Patient' Workstream which focusses on early detection and management of UTIs and Sepsis by bolstering the existing district nursing team and enabling it with Telehealth technology (operating in care homes and expanding to include elderly care homes and patients within the community outside of the current caseload, through additional resource). The aim of the project is to reduce A&E attendance, NELs, GP and out of hours appointments as well as improved access to UTI and Sepsis care. The Integrated Nursing Team and carers will be trained in the technology to support patients in using it. Patients' vitals are captured by the system and dedicated nurses continuously monitor these, calling patients if certain thresholds are breached; escalating this to GPs only if needed.

Our team led the rollout of a free WiFi service to patients which is now available in all 201 GP practice buildings across the Mid and South Essex STP footprint. This not only allows patients to connect to Wi-Fi whilst sitting in the waiting room, but also allows health care professionals to use the authorised Guest Wi-Fi system to connect back to their native IT applications. This is a foundation layer of the STP Digital Essex strategy.

Our team secured investment to work with iPlato to deliver a method for patients to cancel their GP appointments by text or mobile phone app; automatically removing the cancelled slot from the GP rota so that it can be used by other patients. In Southend CCG alone, for the period October to December, **3433** appointments were cancelled and re-offered to other patients. The same investment has enabled patients to download a free downloadable app (MyGP) which amongst other things enabled GP practices to send information on health promotion schemes, immunisation and medical alerts and offers but also enables the patient access to Patient On-Line, Repeat Prescribing and Appointment Bookings (where enabled by individual GP practices).

All of our GP practices this year have had an audit conducted to analyse the digital maturity within their buildings which has included network cable testing. This information allows us to prioritise our

funding to invest in GP practice infrastructure to ensure they can deliver 21st century digital technology services.

We secured further funding across the Mid and South Essex STP to enhance the mobile working capabilities of our GPs. This enables them to access the Electronic Patient Records of their patients wherever they are, for example when conducting home visits or visiting care homes.

Further investment was also secured to install digital dictation technology to interested practices in Castle Point and Rochford and Southend to increase GP efficiency and also to equip some of our GP practices with video conferencing capabilities.

We secured funding of £166k for new computers to ensure that all computers within GP practices are less than five years old.

Finally, we secured funding as part of the GP Forward View to begin to look at GP Online Consultation solutions.

Estates

The CCG is working towards developing locality estates strategies which link to our neighbourhood models.

Estates and Technology Transformation Funding (ETTF) was secured towards the St Luke's Health Centre new build; part of the regeneration of the St Luke's area in Southend and one of the first steps in developing a fit for purpose integrated health hub.

We are seeking opportunities for an integrated care hub in Shoeburyness and will be seeking to map our Estates Strategies to new models of care for this area.

The Southend CCG headquarters at Harcourt House closed during 2018 and we entered into exciting partnership working arrangement with Southend Borough Council co-locating local NHS commissioners with our local authority partners.

Workforce

New models of care are under development for Primary Care and many existing healthcare professionals will be able to expand/develop their roles to ensure that our patients will be seen by the most appropriate professional.

Castle Point and Rochford CCG are the workforce lead for the Mid and south Essex STP which covers a wide range of workforce initiatives that include:

- International GP Recruitment
- Introducing new roles into Primary Care
 - Clinical Pharmacist
 - Advanced Nurse Practitioner
 - Physicians Associates
 - Emergency Care Practitioners
 - Advanced Practice Physiotherapists
 - Medical Assistants
 - Apprenticeships
- GP Retention

- Fellowship Programme
- GP Returners (Induction and Refresher Scheme)
- Promotion of practice based roles
- Up skilling practice nurses and existing roles
- Public communications for recruitment via schools/colleges/job fairs

GP Retention

The Mid and South Essex STP has ‘Intensive Support Site’ status for a local GP Retention funding allocated by NHS England. The STP has been allocated funds and is required to design and implement a local programme from September 2018 and completion by March 2019.

Guidance published by NHS England sets out the availability of new funding in 2018/19 to further support delivery of the commitment set out in the General Practice Forward View (GPFV) to ensure an additional 5,000 extra doctors working in general practice by 2020. This is with a key focus on supporting general practitioners (GPs) who are at risk of leaving or who have already left the profession.

The local GP retention fund is restricted to the following groups:

- GPs who are newly qualified or within their first five years of practice;
- GPs who are seriously considering leaving general practice or are considering changing their role or working hours;
- GPs who are no longer clinically practicing in the NHS in England but remain on the National Performers List (Medical).

International GP Recruitment

The Mid and South Essex Sustainability and Transformation Plan (STP) have been one of two national pilot sites in the country recruiting GPs from overseas since October 2016

The Essex scheme has been a trail blazer for the initial pilot which is highly regarded as ‘Gold Standard’ by Health Education England.

Through a robust, collaborative governance process and notwithstanding significant challenges we have established an effective and efficient local scheme that has now been replicated as the national model for NHS England.

The table below provides an overview of the candidates recruited to the scheme. (Latest figures available as at Dec 2018. To be updated in Mar 2019).

Total GPs recruited through the scheme	16
Total GPs that have left the scheme	4
Total GPs completed the scheme who are on the Medical Performer’s List with no conditions	6
Total GPs that have completed their simulated surgery and are awaiting acceptance onto the MPL (with conditions)	3

Total GPs on the preparatory phase	2
Total GPs on Induction and Refresher Scheme phase	1

The table below provides an overview of the candidates recruited to Southend CCG:

Total GPs participated on the programme	2
Total GPs completed the scheme who are on the Medical Performer's List with no conditions and working as a salaried GP	1
Total GPs on Induction and Refresher Scheme phase	1

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) (the NHS Act 2006) states that each Clinical Commissioning Group (CCG) shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Tricia D'Orsi to be the Interim Accountable Officer of NHS Southend CCG.

The responsibilities of an Accountable Officer are set out under the NHS Act 2006, Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- The propriety and regularity of the public finances for which the Accountable Officer is answerable;
- Keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the CCG and enable them to ensure that the accounts comply with the requirements of the Accounts Direction;
- Such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- Safeguarding the CCGs assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities);
- The relevant responsibilities of accounting officers under Managing Public Money;
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the NHS Act 2006 and with a view to securing continuous improvement in the quality of services (in accordance with Section 14R of the NHS Act 2006; and
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the NHS Act 2006.

Under the NHS Act 2006, NHS England has directed each CCG to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the CCG and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements, the Accountable Officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Group Accounting Manual issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements;
- Assess the CCGs ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- Use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

To the best of my knowledge and belief, and subject to the disclosure set out below, I have properly discharged the responsibilities set out under the NHS Act 2006, Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

Disclosure: the CCG deficit has been reported by the external auditors under Section 30(b) of The Local Audit and Accountability Act 2014.

I also confirm that:

- As far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information; and
- The annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

Tricia D'Orsi
Interim Accountable Officer
NHS Southend CCG

Add date

Governance Statement

To be added

Remuneration and Staff Report

Staff report

Staff engagement

Our staff are key to all that we do and achieve as a CCG. We are keen to listen to and engage with our staff and we do this in a number of different ways.

We hold fortnightly 'staff conversations' meetings where all staff are briefed by our Executive team and have the opportunity to ask questions and provide feedback. Our Executive Directors have an open door policy and staff are encouraged to raise any concerns or feedback any new ideas with any of our Executive team.

Towards the end of 2018/19, we launched a new electronic staff newsletter which will contain a mixture of business information and more informal staff news / updates.

Our staff are also keen to support local and national charities, taking part in charity dress down days and national and local awareness days.

Staff consultation

During 2018/19, we continued to work closely with our colleagues at Castle Point and Rochford CCG.

Castle Point and Rochford CCG and Southend CCG formally consulted with staff from 3 May 2018 to 15 June 2018 on proposals for a revised organisational structure that: produced required NHSE (NHS England) financial savings, is fit for purpose, fully delivers joint working arrangements across both CCGs and is deliverable within the cost envelope.

All feedback received was considered and as a result some amendments were made to the organisational structure. The new structure – a joint structure across both CCGs - was implemented with effect from 1 October 2018.

(may need to include more detail about consultation – check guidance)

Organisational development

The Workforce Strategy has been developed to paint a picture of how we develop integrated roles, support member practices and develop the internal CCG workforce.

As a result of the CCG's Talent Mapping exercise a training budget was set and training needs of individual staff members were met through a wide range of training programmes. This included individual leadership training, group training in relation to minute taking, appraisal training, recruitment training, procurement training programme management, contracting and information training, risk management and incident reporting, budget management, health and wellbeing of staff. The CCG is keen to develop a coaching culture throughout the organisation and internal and external mentors and coaches have been arranged for CCG staff.

The CCG has set a training budget for 2019/2020 in line with the 2018/19 budget and will review training needs as part of the talent mapping and appraisal processes undertaken during the year.

The CCG is benefitting from the newly established joint Executive structure with Southend CCG and the opportunity to participate in NHS England's Commissioning Capability Programme.

During 2018/19 the CCG established a joint Staff Involvement Group with Castle Point and Rochford CCG and the group were key to developing the CCGs Staff Survey action plan and is overseeing the initiatives to be implemented locally as part of our Mindful Employer Charter for Employers.

In October 2018 the Governing Body approved the CCG's Organisational Development Strategy and the delivery plan attached to this strategy supports the recommendations outlined in the CCG's Improvement Plan to ensure that the organisation is taken out of special measures during 2019/20.

Staff composition

To be provided by HR after year end

Parliamentary Accountability and Audit Report

NHS Southend CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report – see Appendix B. An audit certificate and report is also included in this Annual Report on page XX.

To be added:

Independent Auditor's Report
Glossary

Appendices:

Equality Report (HR)
Patient and Public Involvement Annual Report – see DRAFT version attached
Financial Statements (Finance)

DRAFT



Southend
Clinical Commissioning Group

NHS Southend CCG

Floor 6, Civic Centre
Southend-on-Sea Borough Council
Victoria Avenue
Southend SS2 6ER

Tel: 01702 215050
Email: southend.ccg@nhs.net
Website: www.southendccg.nhs.uk

DRAFT

PATIENT AND PUBLIC INVOLVEMENT ANNUAL REPORT 2018/19

NHS Castle Point and Rochford CCG
NHS Southend CCG

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If you'd like to view a digital version of this report, you can find it on the link below:

[Insert URL link]



This icon indicates video content is available.

WELCOME



Dr Kashif Siddiqui, Clinical Lead for Communications and Patient Engagement.

It gives me great pleasure to welcome you to our very first Annual Report dedicated to Patient and Public Involvement.

As local Clinical Commissioning Groups (CCGs), it's our job to plan and fund health services across south east Essex. This report is about how we've involved and engaged with our local population from 1 April 2018 to 31 March 2019.

Understanding what our patients want and expect from the NHS allows us to design services that are efficient, effective, sustainable and responsive to patient's needs. By bringing people on the journey with us, we can ensure that we

provide the best models of clinically-led care for our patients and carers.

Our Vision

We are working 'to improve the health and lives of people living in south east Essex both now and in the future.' To achieve this effectively, we need to ensure our partners in health and social care, members of the public and key stakeholders are all working towards common goals.

These common goals include achieving improvements in services and patient outcomes, whilst reducing health inequalities and ensuring a sustainable health service.

CLINICAL COMMISSIONING GROUPS (CCGS)

Who Are We?

We decide which health services to buy (commission) for the people living in south east Essex. Within south east Essex, there are two Clinical Commissioning Groups (CCGs); NHS Castle Point and Rochford CCG and NHS Southend CCG. The CCGs share a joint management team with a joint approach to external and internal communications and engagement. We work with our community to improve patient care, reduce health inequalities and raise quality and standards in a way which is efficient and financially sustainable.

Why We Engage

The CCGs are committed to ensuring that patients are at the heart of everything we do. Our approach to is to work in partnership with our patients, residents, partnership organisations, primary care membership and staff to deliver patient-centred, clinically-led, evidence-based healthcare. As CCGs we have a responsibility to ensure that local services effectively meet local needs. This includes proactively seeking patient and public feedback and promoting how local residents and community groups can influence and help to shape our work through engagement and consultation.

Collaborative Working

In order to avoid duplication, reduce inequalities and increase efficiency, there is an increasing movement towards commissioning services across a wider area. Both CCGs are part of a [Sustainability and Transformation Partnership](#) that covers mid and south Essex. In terms of the CCGs' engagement approach, this will mean continuing and increasing our commitment to promoting involvement opportunities collaboratively with our partners.

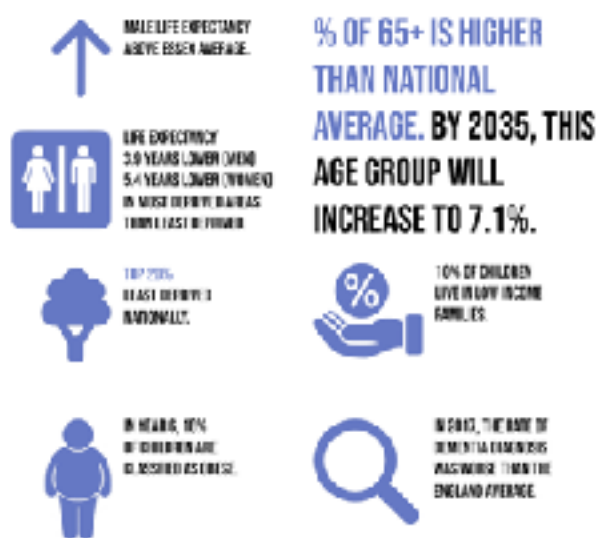
THE AREA WE SERVE

Demographics

It is essential to good public and patient involvement that we do our best to understand the diversity of our audience, and that this reflects back in our commissioning and planning of local health services. Our ultimate aim is to truly reflect the needs of the local people and improve outcomes for them, their friends and their families.

South east Essex has a combined population of just over 367,000 people. The people living in these areas are diverse and represent many different walks of life and backgrounds.

Rochford



The life expectancy of males within Rochford District is above average compared to the rest of Essex, living on average to 80 years and females living to 84 years. Life expectancy is 3.9 years lower for men and 5.4 years lower for women in the most deprived areas of Rochford than in the least deprived.

Rochford District has an ageing population with a higher proportion of people aged over 65 compared to the national average. The number of people in this age group is expected to increase from 18,800 people to 27,700 by 2035 – a 7.1% increase.

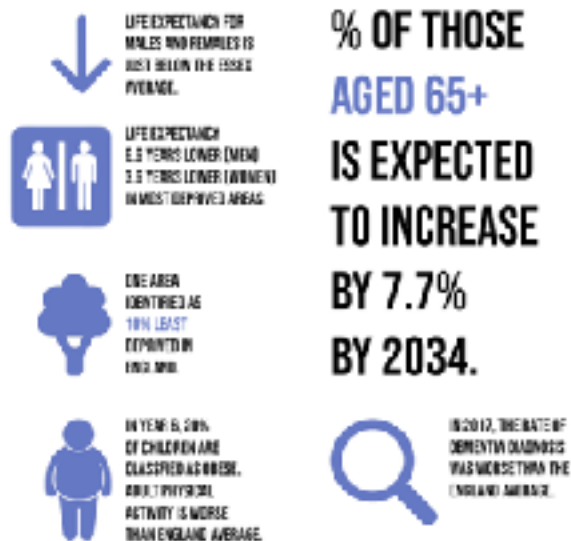
Rochford District score ranks it 285 out of 354 local authorities, putting it in the top

20% least deprived nationally. There are, however, pockets of deprivation. Around 10% (1,300) of children live in low income families.

In year 6, 16% (146) of children are classified as obese, compared to 20% across England.

In 2017, the rate of dementia diagnosis was significantly worse than the England average.

Castle Point



The life expectancy of both males and females within Castle Point is just below the average compared to the rest of Essex with males living to 79.5 and females living to 83. Life expectancy is 6.6 years lower for men and 3.6 years lower for women in the most deprived areas of Castle Point than in the least deprived areas.

The number of residents living in Castle Point aged 65 and over is expected to increase from 21,700 to 31,600, taking the proportion of people in this age bracket from 24.5% to 32.2% by 2034.

Castle Point has low levels of deprivation compared with Essex, however, similar to Rochford, there are pockets of deprivation with one area identified as being within the

10% least deprived in the whole of England.

In year 6, 20% (183) of children are classified as obese, which mirrors the rise in obesity in Year 6 across England. Estimated levels of adult physical activity are worse than the England average.

In 2017, the rate of dementia diagnosis was significantly worse than the England average.

Southend-on-Sea

In Southend-on-Sea, life expectancy of both males and females is below average compared to the rest of Essex, with males on average living to 78 and females to 83. The life expectancy gap between the most deprived and least deprived wards is just over 11 years for males, and just under 10 years for females. 18% of the adult population smoke. By 2031, the projected population for Southend-on-Sea will be 202,935. This assumes a growth rate of 12.87% which is higher than the projected growth rate for England (10.11%). The over 65 population is projected to increase by 4%.



Southend-on-Sea has high levels of deprivation compared with Essex and England as a whole. Nine areas have been identified as being in the top 10% most deprived areas in England. Just under 1 in 5 children live in low income families (households where income is less than 60% of the median income before housing costs). In comparison, 8 areas in Southend-on-Sea rank in the 10% least deprived, as a consequence Southend-on-Sea is rated as being in the 20% most deprived local authority areas on inequality. Rates of pregnancy in people under 18 is also statistically significantly worse than the England average.

South East Essex Summary



AS OF 2016, THERE IS A
20 YEAR AGE GAP
BETWEEN HIGHEST AND
LOWEST LIFE EXPECTANCY.



VARIATION IN HEALTHY
LIFE EXPECTANCY
IS AS STARK
AS THE AGE GAP
BETWEEN THE WARD.



EXPECTED
12.5% INCREASE
IN THOSE AGED 65+.

**PREDICTED
POPULATION
GROWTH IS
20,000
OVER THE NEXT
10 YEARS.**

As of the 2011 census there is a 10 year age gap between the areas with the highest and lowest expectancy levels across south east Essex. Men born within the Kursaal ward of Southend (within the Southend East Central locality) have a life expectancy of 73.58 years compared to men born in Rochford have a life expectancy of 83.3 years.

Variation in Healthy Life Expectancy is just as stark with men born within the Victoria ward of Southend (Southend East Central) having a Healthy Life Expectancy of 55.62 compared to 64.5 across Essex as a whole.

We will see a growth in population of 6% or 20,000 people over the next 10 years (2018-2027, Office for National Statistics 2016, based on sub-national population projections).

We are expecting a 12.5% growth in the population of those aged 65 and over.

We also know that we have a high number of people with learning disabilities living across south east Essex due to the number of the special needs schools.

ETHNICITY

Rochford District

The ethnic structure of Rochford is shown in the table below. Figures for England are shown for comparison purposes.

Percentage of resident population in ethnic groups	Rochford	England
White	98.3	90.3
Mixed	0.6	1.3
Asian or Asian British	0.5	4.6
Black or Black British	0.2	2.3
Chinese or Other	0.4	0.9

Castle Point

Around 91% of people self-reported their ethnicity as White British in the last census (2011), compared to 85% nationally.

The religious make up of Castle Point was reported as 64.1% Christian, 26.8% No religion, 0.4% Muslim, 0.3% Hindu, 0.2% Buddhist, 0.2% Jewish in the last census.

The Jewish community in Canvey has grown since 2011, establishing a new synagogue, boarding school and community centre now located there. Families have been moving to Canvey from Stamford Hill since 2016, and it is estimated there could be up to 700-800 residents by 2020. The average family size is between 6-8 people, and they are part of the ultra-orthodox Haredi community.

In 2018/19, we established links with the Jewish Congregation of Canvey Island, attending an event in conjunction with Essex Police to understand more about spiritual requirements which are at least as important as physical problems for this community.

Southend-on-Sea

The great majority of Southenders (87%) self-reported their ethnicity as White British in the last census (2011), compared to 85% nationally. Around 13% therefore self-reported as being from Black, Asian or Minority Ethnic or other groups (BAME) with 87 different ethnicity categories self-reported.

The most prevalent religion across south east Essex is Christianity.

In 2017/18 we built relationships with members of the community who are operating parish nurse schemes to ensure they have the support to refer into some of the wider community services to support people to remain independent at home.

What does this all mean?

With such diversity across both the local residents and the area, means that a significant proportion of our local population could face barriers in accessing health services in the area.

Consequently, engagement with local people is vital for us to understand and identify how to provide the right services for them, in the right place.

Meeting our legal duties for public involvement

We adhere to the statutory guidance set out by NHS England for “patient and public participation in commissioning health and care”, and this is embedded into the methodology we use to deliver engagement.

This requires us to:

1. Involve the public in governance
2. Explain public involvement in commissioning plans/business plans
3. Demonstrate public involvement in annual reports
4. Promote and publicise public involvement
5. Assess, plan and take action to involve
6. Feedback and evaluate
7. Implement assurance and improvement systems
8. Advance equality and reduce health inequalities
9. Provide support for effective involvement
10. Hold providers to account

This report details how we fulfil these requirements as part of our work.

OUR STRUCTURE AND GOVERNANCE

Our engagement function falls within the remit of the Quality, Finance and Performance committee. This committee reviews and monitors matters relating to the quality of commissioned services, meeting financial requirements and our performance against local and national priorities including public involvement.

Our Lay Members



Pauline Stratford,
Lay member for
Patient and Public
Engagement, NHS
Southend CCG



Janis Gibson, Lay
member for
Patient and Public
Engagement, NHS
Southend CCG

Patient engagement is represented at Governing Body by a Lay Member for Patient & Public Involvement. Their role is to:

- Gain assurance that the CCG is meeting its patient and public involvement (PPI) duties, using expertise to support a particular focus on reducing identified health inequalities. This person will seek assurance that in all aspects of the CCGs' business, the voice of the local population is heard, including that of all vulnerable groups and communities
- Gain assurance that the CCG is meeting its duties under the Equality Act, and that a culture of equality and diversity is embedded within the organisation e.g. providing challenge and input around the CCGs' efforts to eliminate discrimination, advance equality of opportunity amongst people with protected characteristics and tackle prejudice by promoting understanding. Protected characteristics are the nine groups protected under the Equality Act 2010. They are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity and race.

We are also part of the mid and south Essex Sustainability and Transformation Partnership and align our engagement with the work of the group.

We have a number of ways in which patients and the public can get more involved in our work. During 2018/19, we took stock of what worked well and areas of development and opportunity. We have begun to refresh our involvement opportunities and the way we deliver engagement with our population.

Patient and public engagement

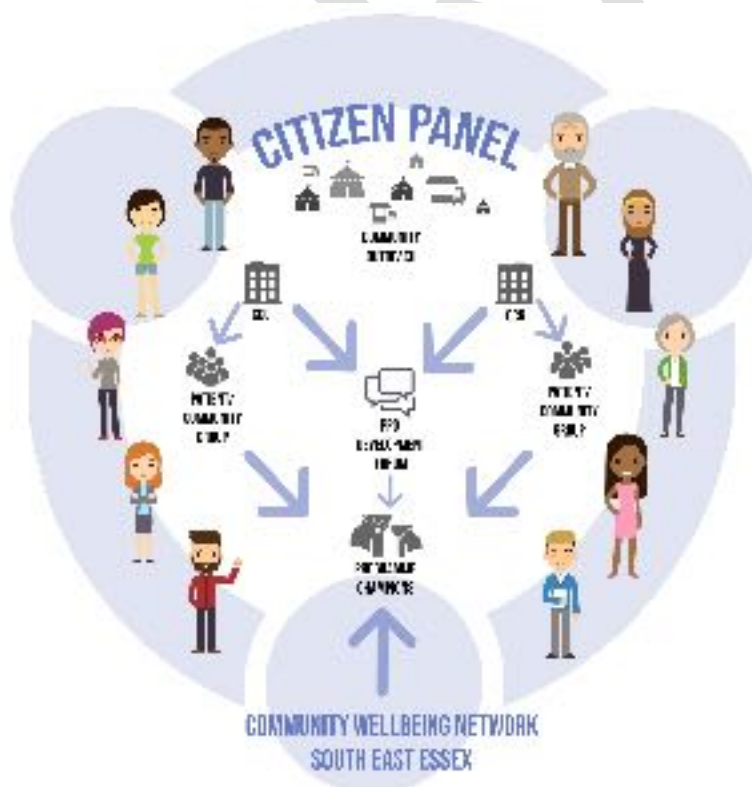
Day to day practice

We work closely with the CCGs' Patient Groups – of which we have three: the Commissioning Reference Group in Castle Point and Rochford, the Community Engagement and Advisory Group and the Southend Patient Participation Group Forum. These groups bring together the nominated representatives of local Patient Participation Groups, as well as local voluntary and community organisations such as YMCA, Castle Point Association of Voluntary Services, Healthwatch and also special interest groups such as Trust Links, Breath-easy and Carers Choices.

Supported by the Communications and Engagement Team, the groups hear updates from the CCG and partners on the services commissioned by the CCG, as well as other wider issues affecting the NHS and Social Care.

The groups are also involved in elements of the commissioning cycle. This includes reviewing and informing our plans, supporting procurement and service redesign, and providing feedback to the CCGs on how services are being delivered from a patient perspective.

The diagram below is taken from our draft Communications and Engagement Strategy 2019-21 and illustrates all of the different ways in which we will be involving the public in our work.



Additional ways in which we engage include: focus groups, surveys, workshops, targeted outreach projects, community events and stalls, good relationships in the community, keeping an 'interested parties' database, using existing research/findings from Healthwatch, patient stories and demonstrating public involvement in our annual reports.

New areas to be explored/expanded include: closer partnerships with Voluntary Services, STP Citizen's Panel, GP practice SMS, targeted social media engagement and a new Patient Participation Group Development Forum.

Channels to be regularly reviewed following annual effectiveness surveys.

Patient Stories

We present patient stories at our Governing Body meetings, to show how services or pathways are working, or could be improved, for the people of Castle Point and Rochford and Southend. Below are a few of the videos from previous meetings.

Pulmonary Rehab: <https://youtu.be/2ImWD4XJbDE>

Mental Health service: <https://youtu.be/qgq9ZaCnYKA>

Ways to Wellness: <https://youtu.be/vx4TFNycZwl>

SWIFT: <https://youtu.be/h2h2R7E4an0>

How we engage the community

Every year, the CCGs must provide an annual report which sets out the work of the CCG over the previous 12 months and detailing how it fulfilled its statutory and regulatory obligations. Our annual report also includes information about some of our engagement highlights throughout the year.

A full copy of our annual reports can be found on the homepage of our CCG's websites:

<https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/annual-report-and-accounts/3318-castle-point-and-rochford-ccg-annual-report-2017-18/file>

<https://southendccg.nhs.uk/about-us/key-documents/ccg-publications/2261-southend-ccg-annual-report-2017-18/file>

Our websites

We have two dedicated CCG website:

- NHS Southend Clinical Commissioning Group
- NHS Castle Point and Rochford Clinical Commissioning Group

Our websites give members of the public information about how they can get involved in shaping the future of local healthcare in a number of ways.

For patients who wish to make a complaint about a service, we have a dedicated complaints email address, as well as a contact telephone number:

- Castle Point and Rochford CCG Complaints and Concerns

- Southend CCG Complaints Contact

Detailed information on how patients can complain is also available on our website, as well as links to Healthwatch and other providers.

Other communications channels

Below are some of our external communications and engagement channels.

Print: Publications (e.g. annual report), engagement and consultation documents, presentations and advertisements, local newspapers, leaflets/flyers, booklets, posters, promotional materials.

Social media / digital: @SouthendCCG Twitter & Facebook, @CPRCCG Twitter & NHS Castle Point and Rochford CCG Facebook, video content, CCG websites/partner websites & social media channels.

Face to face: GPs and frontline staff, patient group members, community events, outreach and engagement events.

Newsletters: partner newsletters.

Areas to be explored: Community Champions, "NextDoor", GP practice SMS, locality communications and engagement channels.

Channels to be regularly reviewed following annual effectiveness surveys.

Partnerships and networks

Councils and other statutory bodies

We work in partnership with both Southend-on-Sea Borough Council and Essex County Council and their teams.

Working with partners across mid and south Essex

We all want to provide the best services for local people, to help them live well and enjoy life, and we know no individual organisation can do this on its own. The way to give patients the best service is to work more closely together. This is why we are working with our partners in a 'Sustainability and Transformation Partnership' (STP) so that together, we can develop and build a health and care system fit for the future, and catered to the people of mid and south Essex. We have worked closely with our colleagues across the STP to make sure local people in south east Essex are able to give us their views to help shape any proposals. INFO ON ACUTE? SUAG, Citizen's Panel? Patient Champions?

Providers

We work in partnership with our providers to deliver engagement across south east Essex. Our providers include Southend University Hospital NHS Trust and Essex Partnership University Trust.

Community and Voluntary sector

We work closely with the community and voluntary sector across the area.

Our relationships with them enable us to engage with those who are harder to reach amongst our population, such as those who are living with long term conditions, learning disabilities, mental health problems, our diverse communities, people with caring responsibilities, older people and more.

EVENTS AND OUTREACH

In order to reach out to patients and the public we organise a number of events across the course of the year, and actively participate in community, voluntary and partner organisation events.

Death Café

To help local people talk more openly about death and bereavement and collect local insight and experiences, we hosted a virtual death cafe on Facebook Live during Dying Matters Week in May.

The footage from the death café was viewed over 1,000 times, reaching over 1,750 people.

Locality Stakeholder Event

The CCG held a successful engagement workshop on 1 November in partnership with local authorities. Over 100 community and voluntary organisations joined the conversation to help co-produce solutions to how we can meet the needs of the CCGs' eight localities.

Feedback/insight has been collated and will inform the development of new models of care and locality plans. The local design teams continue to work together with communities to co-design more proactive and pre-emptive models of care. Local design teams have subsequently been successful in attracting new membership.

Primary Care Strategy

Following the publication of the mid and south Essex Sustainability and Transformation Plan (STP) in July 2018, both Southend CCG and Castle Point and Rochford CCG, together, embarked on a programme of communications and engagement to raise awareness of the pressures facing our GP practices and involve local people and stakeholders in developing local solutions.

Eight engagement events took place during September and October. A report of all feedback has been shared with Primary Care Committee members and with GP leads in each locality. In response to feedback during the events, we are exploring a new PPG Development Forum was developed.

To reach a wider audience, a local video was developed in-house communicating the key messages of the primary care strategy. The video reached over 600 views seizing the opportunity digital media offers to reach large numbers of people quickly and cost effectively.

<insert video from youtube>

Winter Engagement

Winter-themed patient groups have also taken place in both Southend and Castle Point and Rochford to help cascade important messages in the community and gather further ideas to ensure preparedness.

Quality Awards

Over 150 primary care staff attended the Quality Awards on 6 November, with six awards to recognise for outstanding work, care, innovation and services.

We engaged with all Patient Participation Groups and the wider public to gather over 200 nominations.

Winners included senior GPs, nurses and health care assistants, reception staff and other vital roles supporting people and GP practices day-to-day.

Resulting communications saw a double-page spread in the local newspaper and significant social media engagement.

Community Outreach

In addition to events which we convened, we also regularly attend and support events and patient meetings held by our partners in both health and social care and the voluntary sector.

In 2017/18 we have taken stock and strengthened our relationships with local community representatives, particularly those representing seldom-heard communities:

We have supported a number of wider Community Wellbeing Events

Rochford Methodist Church on 11 July 2018 and in Canvey Island on 22 August 2018 at a children's soft play centre.

The events offer advice on local support available to patients, lifestyle advice, a juice bike, health checks, dementia support, kids activities, seated exercise and relaxation sessions to name but a few activities. The events have run in conjunction with partners including:

- ACE,
- Age Concern,
- Carers Choices,
- CAVS,
- Community Agents,
- EPUT,
- Essex County Council,
- Essex Fire and Rescue,
- Peabody,

- Provide,
- RRAVS,
- Rochford District Council
- Southend Borough Council.

Learning Disability partner engagement

Attending Scopes Local Programme Get Together meeting on 31 July 2018. <

Project 49 event on 13th July 2018 had an emphasis on wellbeing and community building. The CCG attended to promote and raise awareness of the importance of having annual learning disability health checks.

DRAFT

INVOLVEMENT AND ENGAGEMENT ACTIVITIES IN 2017/18

Our goal is to put patients at the heart of everything we do, learning from their lived experiences, listening to their ideas and thoughts and designing and commissioning services which meet the needs of our diverse population.

Through the various engagement channels outlined earlier in the document, we strive to involve patients throughout the commissioning cycle. We have successfully engaged stakeholders, patients and the public in a range of activities to facilitate community involvement in how we design, deliver and improve local health services.

NHS England has developed 10 principles of participation based on a review of research, best practice reports and the views of stakeholders, which you can find on page X (or section x).

During 2017/18 we have taken stock and embedded new processes to ensure all of our work adheres to these principles.

Feedback is an integral part of our work, and we ensure that we keep those involved with our engagement work updated on what the next steps are. In the summer we distributed more than 5,000 leaflets to the community about of the hospital reconfiguration public consultation.

The following are some of the highlights of our work to involve patients in 2017/18.

Reach Recovery College

Brief summary of project <insert Reach logo> <insert video with Michelle Passfield>

The Reach Recovery College provides courses, social activities, and support, improving the quality of life of people living with mental health conditions.

REACH Recovery College was set up, developed and run as a pilot project in January 2017. In 2017/18 we started the process of looking to set up a permanent Recovery College to start in April 2019. In July 2018, we launched a survey to hear the views of people using the service, those who may encourage people to use the service and anyone else who has an opinion about how mental health recovery can be enabled in Southend and Castle Point and Rochford.

Following the initial research, we then began a process to identify what the future offer from the Recovery College would look like, how it would be delivered and by who.

Who did we ask?

How many people did we reach via the survey? 100 people

As part of the engagement and consultation process to inform this service specification, a stakeholder survey was answered by 57 professionals from a range of backgrounds, including GPs, social workers, mental health nurses, child and adolescent mental health service staff, Improving Access to Psychological Therapies (IAPT) staff, REACH recovery staff, job centre staff and voluntary and community providers.

A student survey was answered by 43 people. This was split into 75% of people who use the recovery college and 25% who care/support someone who attends the recovery college.

Did you also run focus groups? yes, 8-10 focus groups were held between July and October 2018

What did we ask?

We asked those that had used the Recovery College for feedback about the courses they'd attended, about how accessible they were and which courses people had gained the most from/ felt had helped the most and why. We asked how courses could be improved and if there were any suggestions for courses that weren't currently offered.

What did we find out?

The views of over 150 (57+43+ approx. 50 in focus groups) people ensured the Recovery College service of the future deliver the right offer and courses to people across Castle Point and Rochford and Southend.

Summary of findings?

As part of the engagement and consultation process to inform this service specification, a stakeholder survey was answered by 57 professionals from a range of backgrounds, including GPs, social workers, mental health nurses, child and adolescent mental health service staff, Improving Access to Psychological Therapies (IAPT) staff, REACH recovery staff, job centre staff and voluntary and community providers. Generally the responses supported the view of the pilot evaluation that the recovery college offer is supportive

and enables recovery. A third of respondents, which included GPs, were not aware of the college, but this was not surprising considering the offer to date has mainly focused on step down from secondary care.

As part of the engagement and consultation process to inform the service specification, a student survey was answered by 43 people. This was split into 75% of people who use the recovery college and 25% who care/support someone who attends the recovery college. Overall the response was extremely positive with respondents reporting an increase in coping skills, strategies and confidence.

We are seeking two main benefits from our recovery college. First, to assist individuals in their personal and collective journeys of recovery. Second, to assist local organisations and services to become more recovery-focused. The creation of recovery-focused services requires a major transformation in purpose and relationships; a focus on rebuilding lives rather than reducing symptoms alone and a partnership between equals, rather than experts and patients.

Feedback from two surveys plus focus groups informed the content of the 'brief' for what we were looking for.

Thanks to patient involvement in the procurement process, we were able to evaluate what success looked from the patient perspective and ensure the scoring was reflective of this. Training was provided to Michelle, our patient representative to ensure she felt comfortable with the process.

What did we do?

Two surveys were launched, aimed at different groups. One was intended for people with mental health issues and their carers; the other for stakeholders such as GPs; social workers; Department of Work and Pensions; voluntary sector partners and others to complete.

Recruitment of two patient representatives ensured the patient voice was represented in the procurement process <insert video with Michelle Passfield>

Dementia Diagnosis rates <insert video mix of LCG/ Kath>

Brief summary of project

As noted on page X, the rate of dementia diagnosis in Castle Point in 2017 was significantly worse than the England average.

Thanks to close partnership working across south east Essex, a team who jointly work on behalf of Southend-on-Sea Borough Council and the NHS across south east Essex were introduced to Castle Point.

The team support local residents affected by dementia to make sure they get the support they need while ensuring the local area is as dementia-friendly as possible.

The local Dementia Community Support Team offers friendly advice and information to local residents and their families throughout the dementia experience along with support and guidance to help understand dementia and the day to day challenges it may bring.

The service is available to people pre-diagnosis as well as post diagnosis through to End of Life and provides the crucial link between the person with dementia, their carer and health, social care and community support.

At the point of launch, the service had established links to Canvey Island to help to embed the service.

Who did we ask?

To help to launch the service in Castle Point, a member from the team came to present to the NHS Castle Point and Rochford Clinical Commissioning Group (CCG) established patient group that acts as a Commissioning Reference Group. The group has a diverse membership across many different areas of our local community. Membership consists of representatives from:

- Local voluntary organisations
- Religious groups with an area dean attending
- Patient Participation Groups
- Healthwatch Essex.

What did we ask?

Members of the group were asked for ideas and local insight about how best to embed the new community dementia team into the local area.

What did we find out?

Since learning about a number of new dementia services, one of our Canvey patient representatives, Kath, took it upon herself to make sure the services are embedded into existing community services and organisations.

Thanks to the extensive contacts and networks in the room, we very quickly had a lot of interest in helping to successfully roll out of the service, particularly on Canvey Island.

What did we do?

Following the meeting, our patient representative, Kath put the team in contact with a number of key people on Canvey that led to:

- An awareness event at Knightswick shopping centre in Canvey on November 2018
- The development of a dementia hub at a day centre for the over 55s (Cisca House) every Thursday morning 9:30am-11:30am
- Free promotional materials donated by members of the community on Canvey
- Support in establishing links with all of the GP practices to ensure all staff were aware of the support available for those affected by dementia in the community
- Support in establishing links with local pharmacists and dentists
- Buy in from local businesses to raise local awareness of the team & staff being trained to become dementia friends
- Support from all of the churches to support help their congregations.

What was the impact?

Since the service went live in April 2017, over 700 referrals have been received across south east Essex.

Thanks to Kath, we are a step closer to making Canvey as dementia friendly as possible. <insert quote from Kath taken from #MondayMotivation> <embed video of Kath>

The local dementia diagnosis rates have improved dramatically and most importantly, it means people affected by dementia are able to get the support they need.

Transgender referrals

Brief summary of project

We have been working proactively with the Transgender community to help educate and empower GPs to better understand and meet their needs and emphasise the correct pathways for transgender people (and impact of not doing these things).

Who did we ask?

Transpire is community group which supports transgender people, their friends and family and the wider LGBTQ+ community in the Southend-on-Sea and surrounding areas.

As a member of the NHS Southend CCGs Community Engagement the Advisory and Reference Group have been proactive in undertaking research with the transgender community.

What did we find out?

When discussing barriers to accessing healthcare, Transpire raised the issue of inappropriate referrals and conduct at local GP practices.

What did we do?

We hosted a clinical education session for all our GPs across south east Essex. Jess from Transpire came to the event and presented information linked to the lived experience of the transgender community and the impact of inappropriate referrals.

We also re-shared a video that we co-produced with Transpire that was aimed at healthcare professionals in GP services <insert link to video>.

What was the impact?

The video has been viewed nearly 500 times. GPs shared positive feedback following the event and felt better informed to undertake more appropriate and effective ways of meeting transgender patients' needs.

Learning Disability Health Checks

Brief summary of project

The NHS has a crucial role to play in helping people with a learning disability lead longer, happier, healthier lives. Improving the health of people with learning disabilities is a priority area for both Clinical Commissioning Group's. In 2018 the Clinical Commissioning Group established a local task and finish group with key partners reinforcing our commitment to focus on reducing health inequalities for our local Learning Disability Communities..

To make sure that people's physical and mental health needs are met, we sought to improve the uptake of annual health checks and expanded a programme to reduce inappropriate overmedication.

Involvement of those with learning disabilities and those that care for them has been key to this work to ensure local services make reasonable adjustments for people's needs.

Who did we ask?

Together with close partnership working with community Health Facilitation Nurses at Essex Partnership University Trust, who specialise in supporting local people with Learning Disabilities and key local authority partners we engaged with a number of local advocacy and local support groups including:

- ✓ Scope
- ✓ RE House
- ✓ The Attic
- ✓ Shields
- ✓ BATIAS
- ✓ Project 49
- ✓ Castle Point and Rochford Local Action Groups

Southend Learning Disability Partnership Forum

What did we ask?

We were keen to understand if there were any barriers stopping people accessing health checks and whether the local community could identify and share what worked well and what didn't work so well which. We co-designed easy read invitation letters and action plans for views on the examples provided.

What did we find out?

TBC - workshop to take place February 2019

What did we do?

We contacted local partners to host a workshop in February 2019 to gain ideas and local insight that would help improve the uptake of local Learning Disability health checks.

Frailty

Brief summary of project

As set out on pages X & X (section X and X), there are currently 78,000 people over the age of 65 in Southend and Castle Point and Rochford, with this set to increase by around 25% by 2025.

Frailty presents in more than 10% of those aged over 65 and 25-50% of those aged over 85, with any one of the frailty syndromes including falls, reduced/impaired mobility, cognitive decline / confusion, continence problems or increased susceptibility to the adverse effects of being on different medications.

Failure to detect frailty leads to poorer treatment, inaccurate assessment of care needs for both now and in the near future, and ultimately poorer health outcomes.

Locally, there is inconsistency in the early identification of a frail person and often care is reactive rather than proactive. This leads to missed opportunities to deliver preventative action when it has the greatest potential to improve outcomes and reverse or slow down the progression of frailty.

System partners therefore agreed to work together to define and drive forward the design of a better solution to support local people affected by dementia.

Who did we ask?

In line with the NHS Long Term Plan, a collaborative approach across a wider range of key stakeholders; from health, social care, voluntary and third sector organisations, to patients and carers and our local communities was the agreed approach to inform this work.

Any other details re. specifics of who is involved? E.g. Age UK?

- CCG frailty leads
- Public Health
- Local GPs with a Specialist Interest
- Hospital and community service providers
- Third sector organisations
- Patients

What did we find out?

Some emerging thoughts for consideration have included:

- Locality Frailty Teams aligned to the Primary Care Hubs which could include a GP with Extended Role in Frailty & Clinical Nurse Specialist.
- Step up virtual wards for multidisciplinary health, mental health and social care assessment and care planning.
-

What did we do?

A group made up of both professionals and those with lived experience of falls and frailty was established to help draw on best practice evidence from across the country and to help shape local thinking around better solutions to support those affected by frailty.

Youth Council & Mental Health Survey

Brief summary of project

Mental health problems affect about 1 in 10 children and young people.

In autumn of 2018, the Chair of the Youth Council attended the NHS Southend Clinical Commissioning Group (CCG) Patient Participation Group Forum to present the findings of a survey that had gathered the opinions of young people and identify the issues they have with accessing support for their mental health needs.

The overall aim of the survey was to provide evidence for the development of a Mental Health Charter that could be introduced in schools.

Who was asked?

The survey received 1,757 responses from students, aged between 11-18, across five schools.

What was asked?

Key questions about the school environment and how effective it was in helping young people to share issues and concerns about their mental wellbeing were asked alongside wider questions to determine other barriers to getting help. Data around prevalence of mental health issues and cyberbullying was also captured.

What did we find out?

14% of young people indicated there were barriers to accessing support with waiting lists for counsellors, social stigma and a lack of anonymity listed as other barriers.

Reasons for not opening up included:

- Feeling embarrassed
- It may add to already stressful family situations
- Didn't want to 'play the victim'
- Would not be believed
- Being scared of being talked about (by peers and staff)
- Would be seen as being weak.

What did we do?

Following the presentation, the CCG is keen to support the Youth Council in taking the findings forward especially relating to early intervention.

Further discussions have already taken place with stakeholders including Southend-on-Sea Borough Council as to how we can progress this. Two GP members of NHS Southend CCG Governing Body, Dr Taz Syed & Dr Kate Barusya and Lay Member of Patient and Public Involvement, Janis Gibson have all stepped forward to support members of the youth council in the development of the Mental Health Charter.

Engaging patients in new ways of working in GP practices – Rushbottom Lane

Brief summary of project

As mentioned on pX, as part of the wider Primary Care Strategy, both CCGs engaged patient groups across south east Essex in understanding the role of the extended GP practice team.

As part of this work, we supported a specific GP practice in Benfleet who were involved in testing out a new way of working to free up GPs time.

A big part of this was helping patients to become accustomed to the role of different healthcare professionals within the practice.

This included understanding the role of the reception team in coordinating/navigating their care to the right healthcare professional.

It was clear from the outset that in order for the practice to be successful in introducing new staff and a care navigation service, that we needed to engage with the patients registered with the practice to ask them to help us.

Who did we ask?

The practice have an excellent and active Patient Participation Group who were keen to be involved and help the practice to deliver high-quality care for everyone.

What did we ask?

We asked the Patient Group for ideas about how they could support the implementation of the project.

What did we do?

The group agreed to support in developing communications materials in the right tone. Part of this included the co-production of a 'deal' to help patients share a little responsibility for the smooth running of the practice. <insert poster>

What was the impact?

The pilot is due to launch in March 2019, and any impacts will be published in next years Patient and Public Involvement Annual Report.

Development of a Neurodevelopment Pathway

Brief summary of project

To involve people who use services, along with the organisation's that represent their interests, to agree a set of principles to improve the journey of care for children and young people living in south east Essex with neurodevelopmental needs. A key focus was improving outcomes at the earliest possible time, appreciating that children have needs which should be supported in a holistic way, including social, emotional and physical well-being.

Neurodevelopmental disorders are impairments of the growth and development of the brain or central nervous system that affects emotion, learning ability, self-control and memory and that unfold as an individual develops and grows. This project was to involve people who use services, along with the organisations that represent their interests, to agree a set of principles to improve the journey of care for children and young people living in south east Essex with neurodevelopmental needs. A key focus was improving outcomes at the earliest possible time appreciating that children have needs which should be supported in a holistic way, including social, emotional and physical well-being.

Who did we ask?

We asked for input from parents with lived experience and local voluntary sector groups, our parent and carer forum for children and families, the Schools SENCO network for Southend, the Emotional Wellbeing and Mental Health Service, Community Paediatric Services, the Special Educational Needs teams for Essex and Southend, Early Help and social care practitioners, GP clinical leads for children and safeguarding.

What did we ask?

We asked what the pathway should look like, what would be the best way to join up services to provide co-ordinated care and support, what are the current gaps with the system, what support and advice is currently available, what does the parent and child journey look like from the identification of initial need through to diagnosis outcome and follow-up support.

What did we find out?

We found there was a lack of pre/post diagnosis support and sign-posting, variable information provided to make an informed decision, the current system was health centric, not outcome focused, appointments for paediatric assessments were compounded by having to gather further information from other agencies to inform the decision making process, the current pathway was driven by diagnostics driven rather than focusing on solutions, and we needed to be able to plan more effectively between system partners. Partners helped to identify a preferred neurodevelopmental screening tool that we could use locally. Thanks to the shared expertise of those involved, we developed a useful map of current services available for 'other' support both pre and post referral.

We also identified gaps within current services available and have been developing action plan to address those gaps which feeds into the wider Community Paediatric review? We found if we opened up the referral pathway to schools and school nursing teams we would be able to assist the process significantly.

What did we do?

We held workshops with system partners in April and May about Community Paediatric provision and we then held specific workshops to look at the neurodevelopment issues in June and September. A working group is now meeting having designed the revised pathway to implement and commission the changes needed. We presented the changes to the Southend Borough network who were keen to be involved as principle refers under the new pathway model. We presented our key findings to the Community Paediatric Clinical Engagement Group and are working across Mid and South Essex to join up and standardise the pathways for families and agencies. As a consequence, we made changes to referral protocols based on feedback through the workshops. We are working to jointly commission the services needed with local authority partners in line with the Special Educational Needs and Disabilities Code of Practice under the Children and Families Act.

We held two workshops in June, one in Southend and one in Castle Point and Rochford.

As a consequence, we made changes to referral protocols based on feedback through the workshops.

DRAFT

Ensuring our providers involve the public

Part of our duty for engagement is to ensure that our providers are communicating with and involving service users, the public and staff.

Members of the communications and engagement team attend monthly meetings as part of the mid and south Essex Sustainability and Transformation Partnership (STP) work, which brings together commissioners and providers to update on their current work, forward plan and review opportunities for collaboration.

We also work with our providers to jointly engage with local residents. Projects highlighted above such as the locality stakeholder event, improving dementia diagnosis rates, frailty, developing neurodevelopment pathways have all been delivered in partnership, allowing us to be assured that our providers are fulfilling their duties to engage and involve.

We ensure our providers are engaging with service users, the public and staff through regular meetings and discussion. We also jointly engage on projects and workstreams and involve providers and their staff in our engagement work.

Supporting our staff to understand and action patient involvement

Through the communications and engagement team, we champion the importance of patient and public voice and ensure that it is reflected in commissioning activities. In November, we ran a staff education session to help raise awareness.

In 2018/19, we also introduced a new communications and engagement form for staff to complete at the beginning of all projects as part of the project management process, ensuring the patient voice is integral to all projects.

CCG staff are regularly supported by communications and engagement to deliver engagement activities, with the team suggesting appropriate mechanisms, facilitating engagement and supporting effective involvement.

LOOKING FORWARD

Communications and engagement aims

The change that we want to see:

While 2018/19 has been an incredibly busy year, coming together as two CCGs in a joint team has given us the opportunity to take stock of what was working and areas of development and opportunity. This has allowed us to begin a refresh of our involvement opportunities and the way we deliver engagement with our population. Some of the ideas we are looking to explore can be found on page X.

Exciting times lie ahead and we are looking forward to working with our partners in both developing and delivering a new 2019-21 communications and engagement strategy that builds on the successes of previous work.

By April 2021 we want:

- Effective partnerships with stakeholders to promote prevention and self-care
- Ensure that staff and key stakeholders fully understand the need for change and feel empowered to work together to create services/solutions that meet their local population's needs
- Ensure that local people feel actively involved in decision making and that we seek the views of all stakeholder groups, including those who are seldom heard (either directly or through advocates) to enable meaningful engagement at every stage of the commissioning cycle
- To adhere to communications and engagement principles co-produced with our patient and community representatives
- Ensure effective internal communication and staff engagement is in place to make effective change throughout the organisation.

Turning visions into action requires a shift in our approach to communication and engagement. Achieving this will require the active participation of everyone in our CCGs – not just the communications and engagement professionals, but also our Governing Bodies, our members and our staff. Everyone connected to the organisation shares a responsibility to ensure that our communities have confidence that their needs, both now and in the future, are integral to the decisions we make.

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Southend Health & Wellbeing Board

Report by

Alex Khaldi, Chair, A Better Start Southend

to

Health & Wellbeing Board

on

20th March 2019

Report prepared by:

Jeff Banks, Director, A Better Start Southend

	For discussion	X	For information only		Approval required
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A Better Start Southend - update

Part 1 (Public Agenda Item)

1 Purpose of Report

The purpose of this report is to:

- 1.1 Provide an update from the Chair of A Better Start Southend (ABSS) on key developments since the last meeting.

2 Recommendations

HWB are asked to:

- 2.1 Note the contents of the report and raise issues and opportunities with the Chair of the ABSS Partnership Board, Alex Khaldi.
- 2.2 Consider attendance at the ABSS Conference '*Who's the Expert? Innovation in Co-production and Service Design*' on 11th April 2019.

3 Background

3.1 GOVERNANCE

a) Partnership

Engagement with Partners remains strong and in particular, joint work with the CCG and SUHFT is encouraging closer collaboration between ABSS and NHS partners.

The Director has met with two named Partners and signatories to the Partnership Agreement, both of whom were key advisors at the bid stage, but who have not previously attended the Partnership Board. Catherine Rushforth & Associates (www.catherinerushforth.com) are subject matter experts for safeguarding and social care, and contributed to the Wave Trust's The 1001 Critical Days cross party manifesto that originally motivated the National Lottery Community Fund to invest in Fulfilling Lives: A Better Start. Catherine will join future Partnership Board meetings. Sally Poskett is CEO of

Kate Cairns Associates (KCA) (<https://kca.training/?info=main>). KCA is at the forefront of providing knowledge to help practitioners who provide services to the most vulnerable people in our society, using the latest findings from neuroscience to enrich and strengthen existing understanding around attachment, trauma and resilience. Kate and Brian Cairns are the authors of *'Attachment, Trauma and Resilience – Therapeutic Caring for Children'* and the Five to Thrive programme, offering an attachment based approach to positive parenting.

Both Partners have confirmed their willingness to continue to be part of ABSS and intend to join Partnership Boards in the future, particularly where there are agenda items which will benefit from their respective specialisms. This brings significant opportunity to ABSS and partners, and further meetings are planned.

b) The National Lottery Community Fund

ABSS continues to engage positively with The National Lottery Community Fund and all regular scheduled reviews and reporting milestones are up-to-date. The Chair of ABSS has had meetings with The National Lottery Community Fund to introduce the Fund to the developing strategic thinking arising from the work of the System Change Think Tank.

ABSS continues to be involved in a number of cross site / national initiatives, including; Improvement Science; Warwick Consortium national cohort study; 23Red Joint Communications Campaign; Flying Binary, national data dashboard; and various 'Communities of Practice' shared learning and development platforms.

c) Governance

The Governance processes for ABSS are considered to be strong and all meetings and working groups have been proceeding according to plan. There is extensive involvement of parents in all aspects of programme Governance. The Governance structure will be reviewed in the summer of 2019 as it approaches a year of operation in the new structure/format.

d) Pre-school Learning Alliance is now the Early Years Alliance

On February 18th 2019, the Pre-school Learning Alliance rebranded and changed its name to the Early Years Alliance. Research found that many in the early years community did not consider the original name reflected the range of work the Alliance undertook, or the wide variety of members represented. The name 'Early Years Alliance' reflects the organisation's position as key policy influencers in the sector and better reflects its core mission and aims.

PROGRAMME MANAGEMENT UPDATE

a) Programme Management Office Capacity

The team is almost complete, with two further Project Managers, and a Communication and Marketing Assistant joining the team, alongside additional administration support, in recent months. In addition, a temporary appointment has been made of a Commissioning Lead to assist with commissioning and procurement, as discussed later below.

At the last Partnership Board, members approved the appointment of an Assistant Director to support the Director in providing exemplary system leadership for ABSS Programme with a focus on leading the developing of the high-quality integrated services for children and families. The post will also act as an ambassador for the programme, focusing on developing service delivery relationships with Partners and stakeholders. Interviews begin on March 13th 2019 and it is hoped an appointment will be made shortly thereafter.

With the growth in programme management capacity and associated staffing, additional office premises are required. ABSS will be taking on a lease of office accommodation at Thamesgate House, which is across the road from the Civic Centre. A number of back-office Programme Management functions will be relocated within a month, and the Alexandra Street premises will remain as a front-facing community resource.

The programme continues to benefit from the expert advice of Public Health colleagues who work with ABSS as part of a Memorandum of Understanding with SBC Public health.

b) Programme Activity

Work continues at pace and a full progress update on current activity is circulated to the Partnership Board. Of particular note for Partners is the ABSS / University of Essex *Conference 'Who's the Expert? Innovation Co-production and Service Design'* on 11th April 2019.

A specialist Commissioning Lead has begun working on updating the ABSS Commissioning Framework, Contract Form and Specification template. They will also support the planned procurement of a number of Social and Emotional Programmes. This appointment has been made on a temporary basis, to allow more rapid progress with commissioning remaining services as part of the Social and Emotional Strategy, where additional capacity was required to cover unforeseen staff absence in November/December 2018 and the departure of a long-term secondee from EPUT at the end of January 2019. The temporary appointment has been cost-neutral.

This piece of work will also establish a clear framework for commissioning and recommissioning work, following review and evaluation, and will allow more effective use of SBC's Procurement Department, who have limited capacity to support, particularly with developing specifications and associated documents ready to take to the market. A presentation outlining the focus of the work was made at the Partnership Board on 11th March 2019.

The Preparation for Parenthood and Family Support specifications are in process.

A sub-meeting of the Insights and Analysis Group was held on 31st January to review the strategic needs of ABSS, drilling down into data with an aim to review and refresh project KPIs and this work will feed into the ABSS Commissioning Strategy.

c) Engagement

The Partnership Board is delighted to announce that after full procurement, supported by Southend Borough Council's Procurement department, the existing provider, SAVS, have been appointed to deliver Engagement Services for the next 3 years, with the possibility of this being extended for a further 2 years. The next steps of the Engagement Strategy are in progress, with a paper about the joint appointment of a Co-Production Champion tabled at the Partnership Board on 11th March 2019. Following appointment of the Project Manager who will lead on Engagement work, preparation will commence for the launch of the Resilience Fund scheduled for the early summer of 2019.

d) Knowledge, Research and Evaluation

Following the approval of the Knowledge, Research and Evaluation Strategy (KRE) at the Partnership Board in January 2019, further discussions have been had with the University of Essex about how they might contribute towards the establishment of the three key KRE posts.

e) System Change and Community Resilience

The System Change and Community Resilience 'Think Tank' continues to meet and has focussed on developing the Core Strategy, which was presented to the Partnership Board in March 2019.

The joint ABSS/SBC System Map is due to be completed in April 2019 and this will feed into further development of the Integrated 0-19 Children Young People and Families Services over the coming months.

f) Local evaluations

Work is progressing on the FRED, FNP Adapt and Let's Talk formative evaluations. Interviews to further inform the reviews, will be completed in the next few weeks and embedded into the drafts. The 'Bus-Stop Campaign' evaluation, which will not contain interviews, is completed and awaiting quality checks. This evaluation included the use of a 'run chart' to log analytics – the use of which arose as a result of improvement science sessions provided by the NLCF. The 1-2-1 Breastfeeding Support formative evaluation is in early stages.

Evaluations which have already been to providers for feedback and the Partnership Board for approval are: Work Skills, Engagement, and Breastfeeding Group Support. There are no further actions on these.

g) National Cohort Study

The Partnership Board has expressed strong support for the Cohort Study and, operationally, staff continue to provide all necessary resource and information, as required.

h) Communication and Marketing

The launch of the Big Little Moments campaign went smoothly, and this campaign is now aligned with the local marketing plan (www.abetterstartsouthend.co.uk/biglittlemoments)

We are in the process of incorporating the new brand changes for The National Lottery Community Fund and the Early Years Alliance, into our core marketing processes.

ABSS featured on BBC Look East as a significant part of their lead item on 26th Feb 2019, including interviews with Parent Champions and an extended interview with Jeff Banks, talking about ABSS (www.youtube.com/watch?v=0v1k7VZVgW8)

A LinkedIn page has been set up to provide us with a new way to reach a slightly different audience (<https://www.linkedin.com/company/a-better-start-southend/>). This is in the very early stages and so will be further developed.

We are developing the ABSS Mascot. This includes coordination of the naming process, promotion and announcement, as well as creating the physical Mascot costume, which will be unveiled at our Who's the Expert conference.

4 Reasons for Recommendations

- 4.1 ABSS Governance have reviewed and approved activities at the appropriate level. The Health and Wellbeing Board are asked to note the contents of the report.

5 Financial / Resource Implications

- 5.1 A moderate underspend is noted in the financial report with explanations given. There are no further financial/resource implications outside permitted programme projections.

6 Legal Implications

6.1 None at this stage

7 Equality & Diversity

7.1 None at this stage.

8 Appendices

8.1 Appendix One – Quarter Three Summary Management Accounts

8.2 Appendix Two – ABSS Conference flyer – **Who’s the Expert? Innovation in Co-production and Service Design**

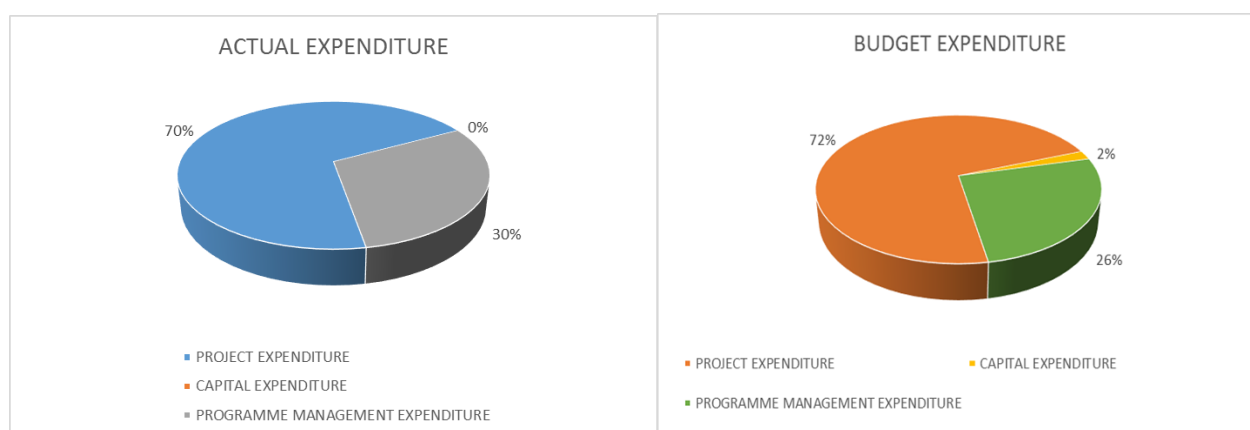
8.1 APPENDIX ONE – Quarter Three Summary Management Accounts

SUMMARY MANAGEMENT ACCOUNTS – CONFIDENTIAL

NINE MONTHS TO 31 DECEMBER 2018

The management accounts for the A Better Start Southend (ABSS) programme show income received and expenditure incurred during this financial year. Management accounts are presented to the ABSS Partnership Board quarterly, coinciding with the submission of returns to the National Lottery Community Fund. More detailed monthly accounts are reviewed by the ABSS Finance and Risk Group.

The accounts for the financial period from 1 April 2018 to 31 December 2018 show project expenditure of £1,329,000, capital expenditure of £nil and programme management (PMO) expenditure of £573,000. These are represented as a percentage of total spend in the first chart. Leveraged income for this period is £98,000 and £168,000 for the life of the programme to date.



Underspend against budget for all workstreams total £245,000.

The underspend on the budget has been reported to the pb and is related to scheduling of projects and programmes and associated core costs.



Summary Management Accounts - Confidential
 Period: QUARTER THREE 2018-19

Period: APRIL to DECEMBER 2018

	Actual	Budget	Variance (adverse) or favourable
	£	£	£
INCOME			
REVENUE FUNDING RECEIVED FROM BIG LOTTERY FUND	2,043,000	2,219,000	(176,000)
CAPITAL FUNDING RECEIVED FROM BIG LOTTERY FUND	-	44,000	(44,000)
LEVERAGED INCOME	98,000	-	98,000
TOTAL INCOME	2,141,000	2,263,000	(122,000)
EXPENDITURE			
PROJECTS			
SOCIAL AND EMOTIONAL	350,000	414,000	64,000
COMMUNICATION AND LANGUAGE	396,000	423,000	27,000
DIET AND NUTRITION	236,000	273,000	37,000
SYSTEM CHANGE	243,000	360,000	117,000
CRECHE SERVICES	43,000	83,000	40,000
MONITORING & EVALUATION	19,000	35,000	16,000
DATA ANALYSIS	42,000	39,000	(3,000)
PROJECT EXPENDITURE	1,329,000	1,627,000	298,000
SALARIES AND SECONDMENTS	371,000	399,000	28,000
OTHER PMO COSTS	202,000	193,000	(9,000)
PROGRAMME MANAGEMENT EXPENDITURE	573,000	592,000	19,000
TOTAL REVENUE EXPENDITURE	1,902,000	2,219,000	317,000
CAPITAL EXPENDITURE	-	44,000	44,000
LEVERAGED COSTS	98,000	-	(98,000)
TOTAL EXPENDITURE	2,000,000	2,263,000	263,000
NET FUNDING IN ADVANCE/(OWED)	141,000	-	141,000
CUMULATIVE FIGURES FROM START UP TO DATE			
	£		
INCOME	8,704,000		
PROJECT EXPENDITURE	3,988,000		
PROGRAMME MANAGEMENT EXPENDITURE	3,883,000		
CAPITAL EXPENDITURE	542,000		
LEVERAGED	98,000		
TOTAL EXPENDITURE	8,511,000		
NET FUNDING IN ADVANCE/(OWED)	193,000		

CONVENTION: Brackets around a number signify either an amount owed by the Big Lottery or an adverse variance (ie income less than budget or expenditure greater than budget)

8.2 Appendix Two – ABSS Conference flyer – **Who’s the Expert? Innovation in Co-production and Service Design**

PLEASE BOOK VIA EVENTBRITE – SEARCH ‘WHO’S THE EXPERT’



A Better Start Southend
our children
our community
our future

Who’s the Expert?

Conference 11.04.19

Innovation in Co-production and Service Design

With a range of speakers, including leading academics, practitioners and parents/carers, offering both theory and practical examples, this conference will explore best practice in engaging families in the design and delivery of the services they use.

Thursday 11th April 2019 (9.30am-4pm)
South Essex College, Southend, Essex, SS1 1ND

For those supporting children under 4 and their families in health, education and social care sectors.

This is a parent-led, family-friendly conference and delegates are encouraged to bring partners and children. A range of activities will be available for children and families running alongside and contributing to the main programme.

For further information, please contact
ABSSresearch@pre-school.org.uk
or call 01702 356050



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