Version: 7

Commissioning Operational Plan 2019-2020

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

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This plan has been completed by the Executive and Governing Body of Castle Point and Rochford and Southend CCGs in conjunction with member practices a number of partner organisations (relative to specific sections). It sets out how we will work together and deliver specific commitments to improve performance in key priorities like cancer, maternity and mental health during 2019/20. It forms the first stage in our response to the NHS Long Term Plan. Notably this includes joint working with Essex County Council and Southend Borough Councils in respect of proposals for implementation of the Better Care Fund and joint commissioning of services. The CCG also liaises closely with key provider organisations, e.g. Southend University Hospital NHS Foundation Trust (SUHFT) and Essex Partnership University Trust (EPUT) in respect of the system unplanned care programme, new pathways of care, etc.

Any enquiries about the plan should in the first instance be addressed to:

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

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Document control	Reviewed by:/when	Comments:
Draft v1	• NHS Southend CCG & NHS Castle Point and Rochford CCG Governing Bodies: March 2019	Priorities proposed
Draft v2	• CMT	Priorities reviewed
Draft v4	• Joint Clinical Executive Committee	

Foreword

By Terry Huff, Accountable Officer

This document sets out our priorities and ambitions for the transitional year of 2019/20. It forms part of the mid and south Essex Sustainability and Transformation Plan and reflects our local aspiration to meet the national priorities identified in the Long Term Plan, published this January.

The Plan outlines progress made in relation to integrated care both locally and on a broader mid and south Essex footprint, and details the specific commitments that we are making as a partnership towards delivery and performance during 2019/20.

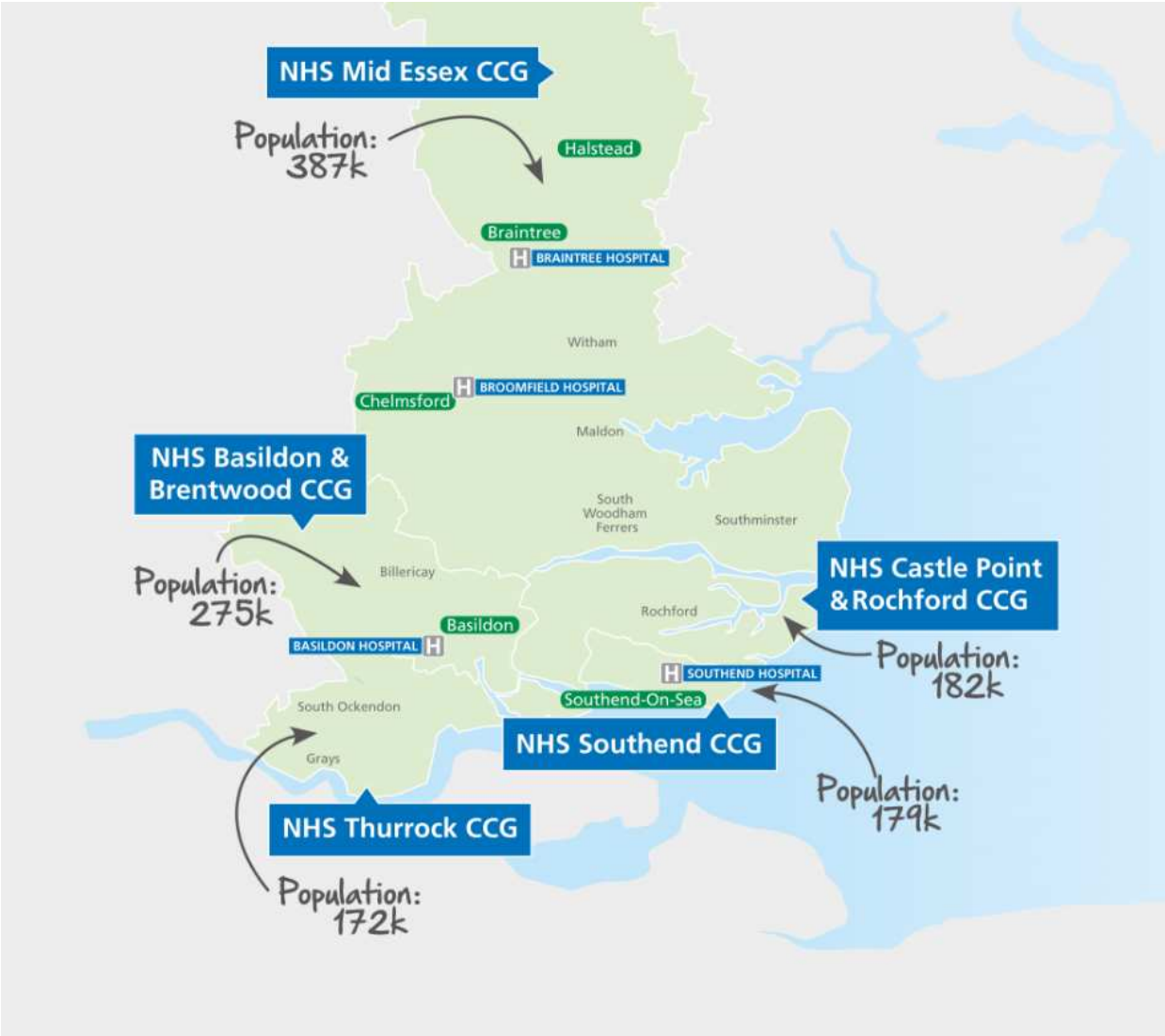
Over the next few months we will be continually engaging with our local population and our stakeholders to refresh our Plans in order that we can submit our response to the Long Term Plan in the autumn.

Our role in wider system working

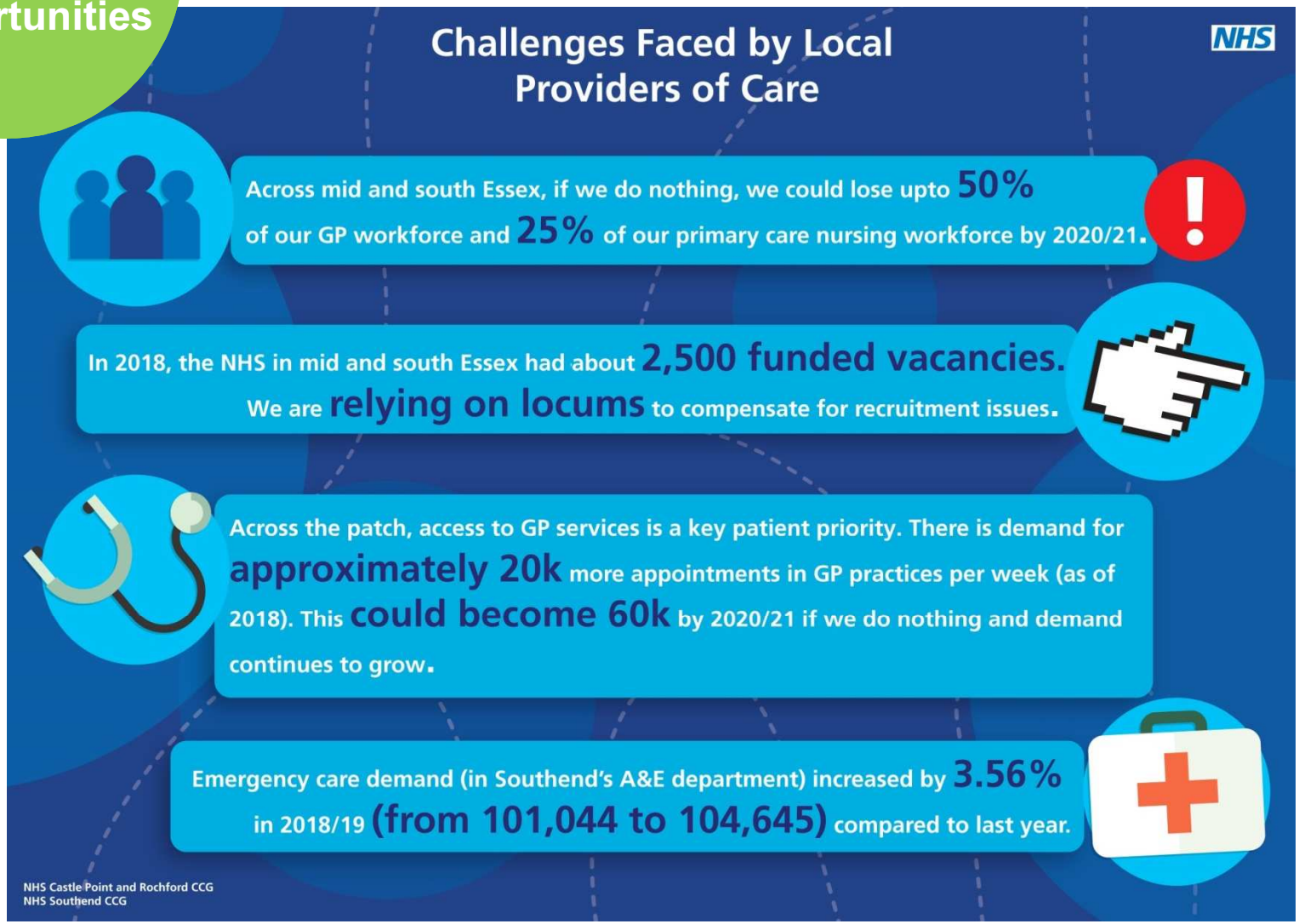
We are part of the mid and south Essex Sustainability and Transformation Partnership (STP) that includes:

5 Clinical Commissioning Groups (CCGs)
Over 180 GP practices
3 x Councils:
6 x NHS Trusts (3 x hospital, 2 x community/mental health & 1 x ambulance trust)

Together with a wide range of independent service providers and voluntary organisations.



1 Our Challenges & Opportunities



1 Our Challenges & Opportunities

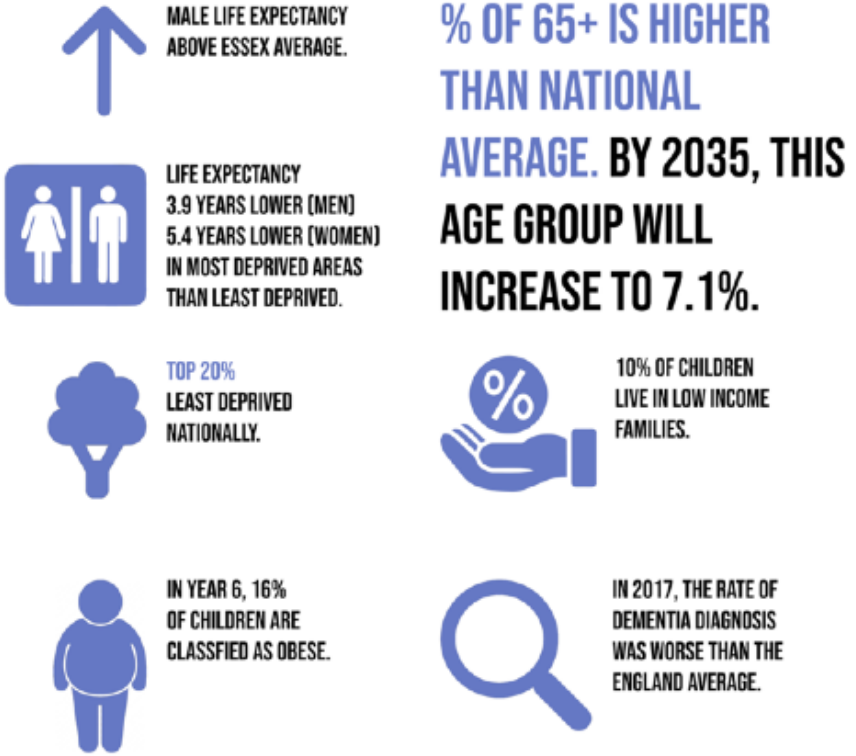
Public health issues in Southend

Southend

1 Our Challenges & Opportunities

Public health issues in Castle Point and Rochford

Castle Point



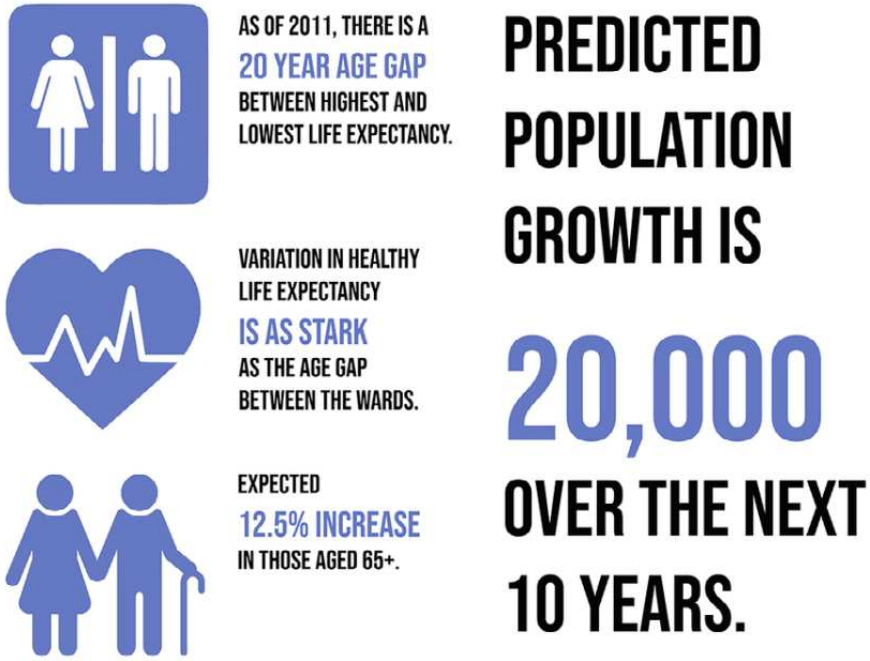
Rochford

1 Our Challenges & Opportunities

Demographics in south east Essex

- Significant health inequalities with higher rates of obesity, cancer, mental health, dementia compared to the wider population

- A changing population with increasing diversity, people living longer with one or more health issues & therefore a high reliance on health and care services



- Service quality issues including a high reliance on emergency services, late diagnoses and treatment and access to services

- Areas of high deprivation with high proportions relying on benefits, experiencing fuel poverty, unemployment, poor housing, environment

What makes us healthy?

NHS

As little as 10% of a population's health and wellbeing is linked to access to health care.

We need to look at the **bigger picture.**

Life expectancy is **11.1 years lower** for men and **9.7 years lower** for women in the most deprived areas of Southend, than in the least deprived.

* Indicates local challenges that may affect residents negatively.

Good Work

There are only 5 enterprises in Southend with more than 1,000 employees. The enterprise base is mainly micro-businesses (0-9 employees).

Public sector is the biggest employer in Southend.

Our Surroundings

* Traffic congestion on major routes in the AM/PM peak.

Southend has many assets that present opportunities for our population to be more physically active.

* Around 6 in 100 deaths in Southend can be attributed to air pollution.

Money & Resources

* There is a low-wage economy (for those working in Southend).

* About 19% (6,300) of children live in low-income families.

Housing

* Average house prices are 11 times the annual salary of residents.

* Southend has the second lowest housing stock growth of all cities* in the UK.

* New housing is mostly one and two bedroom flats.

Education & Skills

* Southend's residents have similar educational levels to the national average but there is a noticeable gap at higher levels.

* As of 2016, Southend's under 18 conception rate is significantly above the England average.

* The skills base of the residents needs improvement.

Southend is a hub for culture and higher education.

The Food We Eat

* In Southend, there are 1.35 takeaways per 1,000 residents. Significantly more than the average local authority area.

* 2,091 Southenders are dependent on alcohol. In 2016/17, 3,755 hospital admissions were directly or indirectly due to alcohol.

Transport

Southend has:
9 railway stations
Frequent bus routes
An expanding airport business park and cycle network.

* 1 in 3 employees commute to a workplace outside of Southend. More than half of the 24 million commuters in England and Wales say their commute increases their stress.

* The rate of people killed or seriously injured on Southend roads is worse than the national average.

Family, Friends & Communities

* The over 65 population in Southend is projected to increase by 4% by 2031.

* Around 10% of the population aged over 65 is lonely all or most of the time.

* Southend has seen an upward trend in reported hate crime since 2015. In the period 2015-17, 73% of reported incidents were racist in nature, 9% homophobic, 8% due to disability and 6% religious.

But the picture isn't the **same for everyone.**

NHS Castle Point and Rochford CCG
NHS Southend CCG

What makes us healthy?

NHS

Good Work

There are only 5 enterprises employing more than 250 emplo-yees in Castle Point and Rochford.

Micro-business (0-9 employees) account for just over 90% of enterprises.

Our Surroundings

Around 6 in 100 deaths in Castle Point and Rochford can be attributed to air pollution.

Castle Point and Rochford has many assets that present opportunities for our population to be more physically active.

Money & Resources

Generally, wages are higher in Castle Point and Rochford than England as a whole, except for part-time female workers in Castle Point.

About 10% of children in Rochford and 14% in Castle Point live in low-income families.

As little as 10% of a population's health and wellbeing is linked to access to healthcare.

We need to look at the **bigger picture.**

Housing

Only 8% of new houses in Essex County were built in Castle Point and Rochford in 2017/18.

The average house prices in Castle Point and Rochford are 9-10 times the average annual earnings.

Education & Skills

Adults with low educational attainment account for 48% of adults in Castle Point and 41% in Rochford.

As of 2017, the under 18 conception rate in Castle Point and Rochford was below the England average.

The Food We Eat

In Castle Point and Rochford there are 0.7 takeaways per 1,000 residents which is less than the average for a local authority area.

Hospital admissions due to alchohol related harm were significantly lower in Castle Point and Rochford than the national average.

Life expectancy is **6 years lower** in Castle Point for men (3.2 years in Rochford) and **4.3 years lower** for women (4.4 years in Rochford) in the most deprived areas, than in the least deprived.

Transport

South east Essex has:
9 railway stations
Frequent bus routes
An expanding airport business park and cycle network.

Over 50,000 people use motorised transport to commute to work in Castle Point and Rochford.

The rate of people killed or seriously injured on roads in Castle Point and Rochford is similar to the national average.

Family, Friends & Communities

Violent crime in Castle Point and Rochford is significantly below the national average.

The over 65 population in Castle Point and Rochford is projected to increase by 19% by 2030.

Of those aged 65 and over, 28% live alone in Castle Point and Rochford.

Indicates local challenges that may affect residents negatively.

But the picture isn't the **same for everyone.**

NHS Castle Point and Rochford CCG
NHS Southend CCG

2 Our Strategic response

Strategic response

- A **changing population** with **increasing diversity**, people **living longer** with **one or more health issues** & therefore a **high reliance on health and care services**
- Significant **health inequalities** with higher rates of **obesity, cancer, mental health, dementia** compared to the wider population
- Service **quality issues** including a **high reliance on emergency services**, late diagnoses & treatment & access to services
- **Areas of high deprivation** with high proportions relying on benefits, experiencing fuel poverty, unemployment, poor housing, environment

→ **Seamless, joined-up services for people**

→ **A focus on prevention rather than treatment**

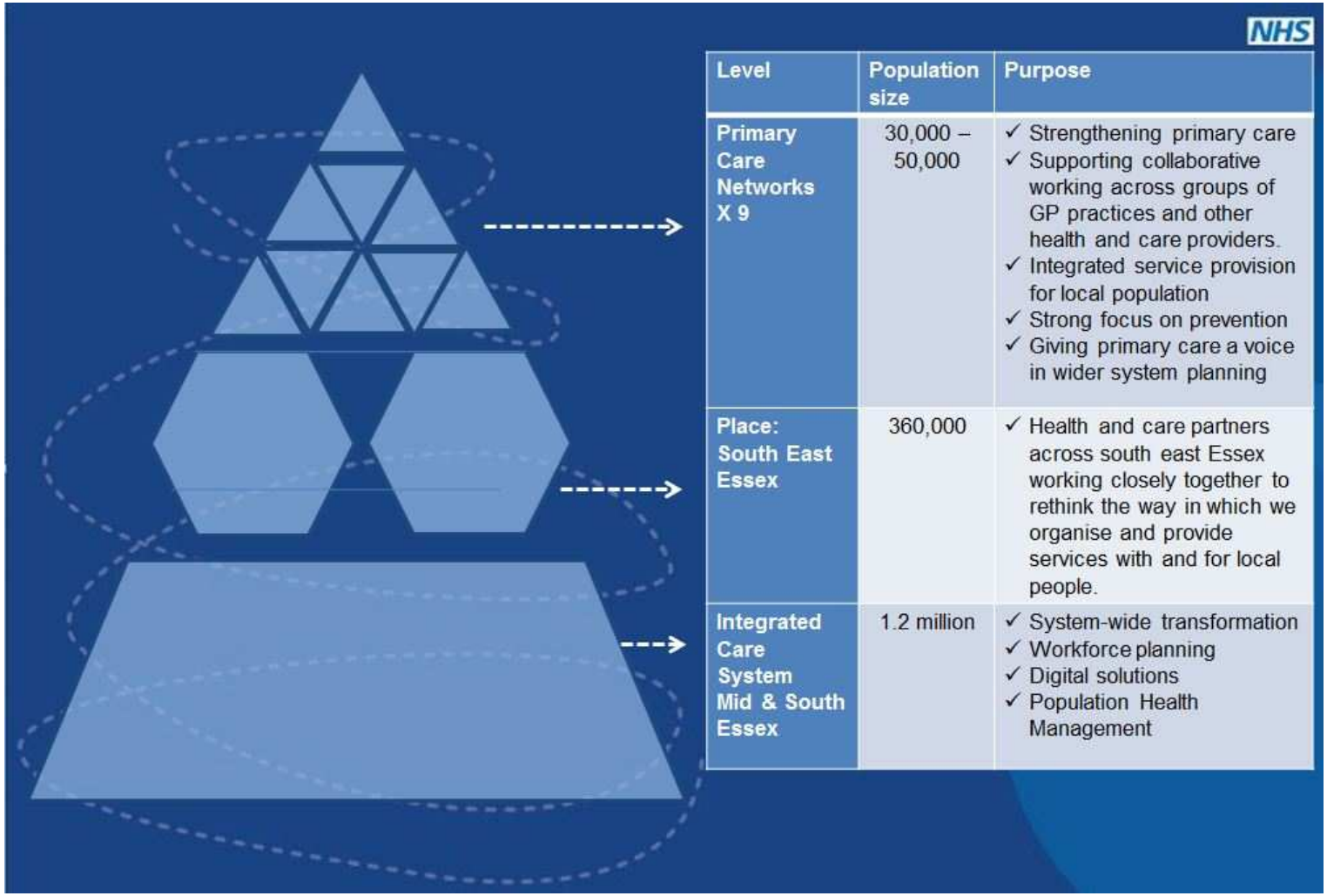
→ **Delivering national & local priorities**

Enablers

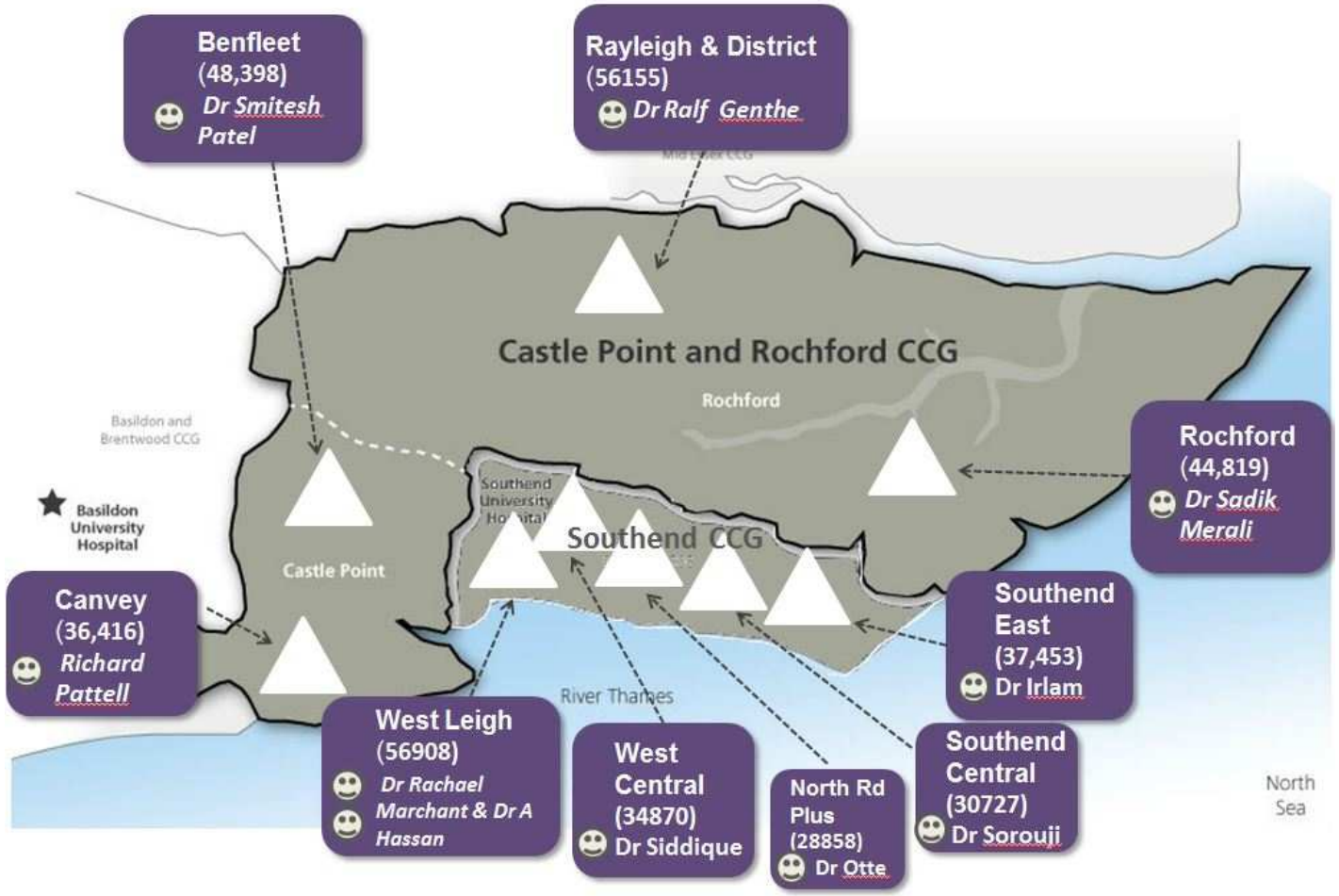
- Finance
- Technology
- Workforce
- Communications & Engagement
- Estate & Infrastructure
- Quality
- Governance
- Data & Information

Partnerships in south east Essex

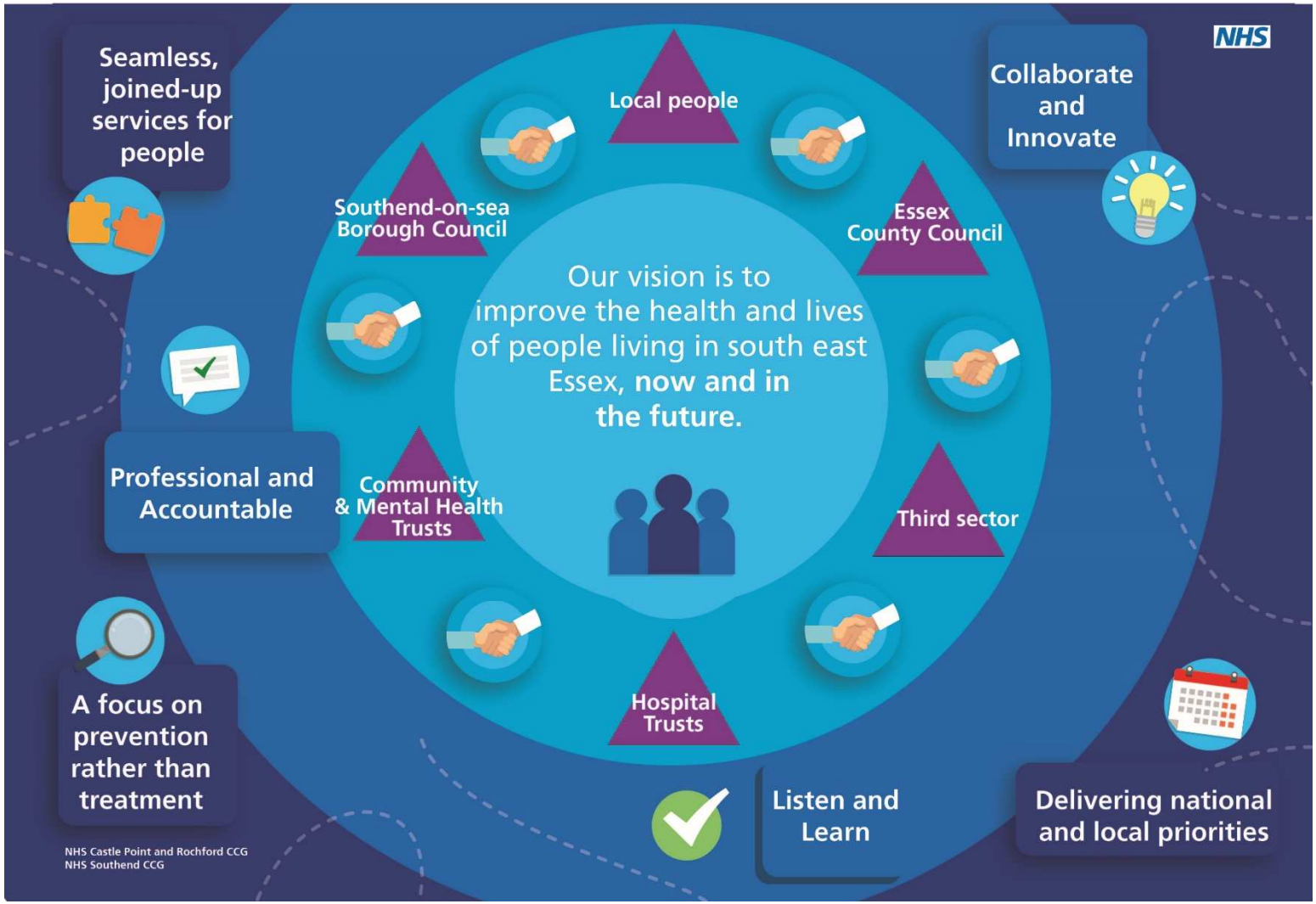
Across **south east Essex** partners come together across **three different tiers** of **integration**.



Partnerships in south east Essex
Primary Care Networks



Partnerships in south east Essex
South East Essex Partnership Group



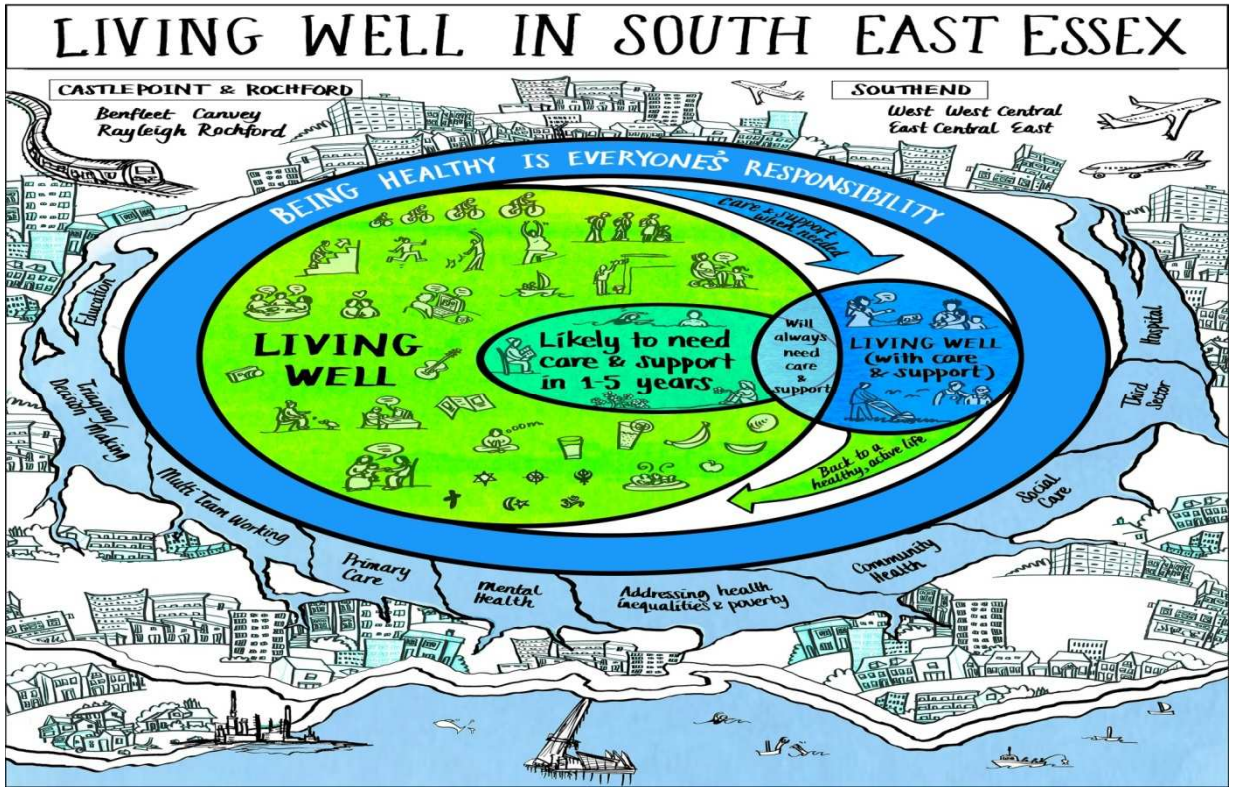
South East Essex – proposed model for health and care

We have already come together with local councils & local health services in partnerships around commissioning & through place-based collaborative partnerships.

We are working together to improve the health and wellbeing of the people living in south east Essex, focussing on ensuring:

People get the information, support & access to whatever they need to live healthy lives for as long as possible.

As we refresh our work programmes there is an opportunity to work with partners across the STP to assess what should be done at a place-based level



Current plans have been reviewed in the light of the NHS Long Term Plan - we are identifying any gaps in what we currently do & what the Plan asks us to do in the future.

South East Essex – aspirations of local people and partners

Our role in wider system working

Many of the challenges we face in south east Essex are shared across a wider geography with many organisations working across lots of different areas.

We are therefore part of a wider system, working together with partners across **mid and south Essex** to tackle problems together where it makes sense i.e.:

We are working together to develop a health and care workforce of the right size and capabilities, that meets the needs of our residents

We are developing digital solutions to help support people and deliver care in a safe and efficient way.

We are committed to system-level transformation to ensure we can deliver care of the highest standards

2, Our Strategic response

Seamless, joined-up services for people

A focus on prevention rather than treatment

Delivering national & local priorities

Key Priority Areas

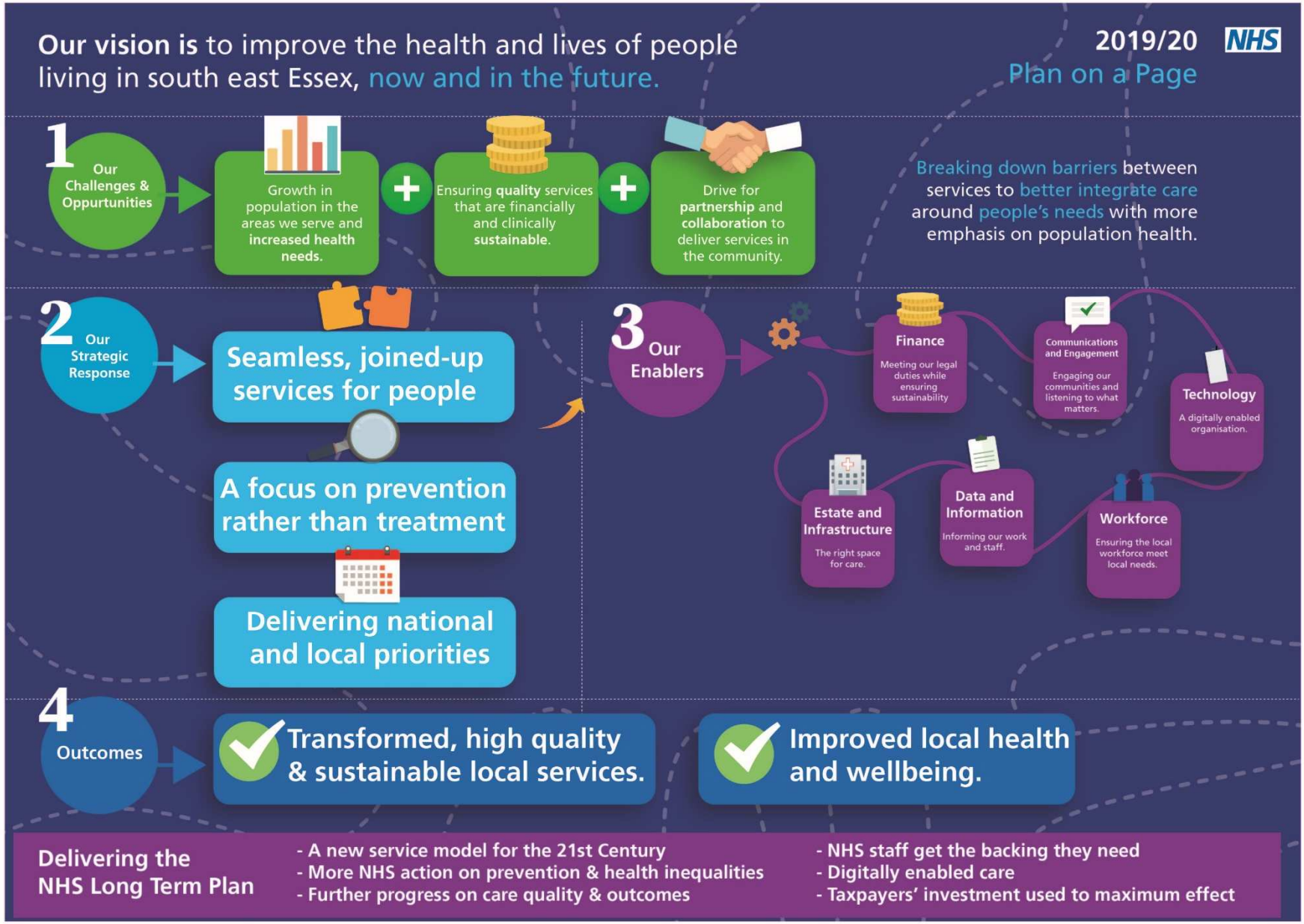
- Improved care in the community
- Strengthened GP services
- Children & families incl. SEND
- Maternity services

- Cancer
- Supporting self care and prevention
  - Respiratory
  - Diabetes (STP)
  - Frailty
  - Cardiology

Constitutional standards

- Mental Health – adults & children
- Urgent & emergency care (STP)
- Elective Care
- Learning Disabilities
- Creating efficiencies
- Workforce, OD, Leadership
- Quality & Safeguarding

Plan on a page: south east Essex



Our Plans for 2019/20

Key Priority Areas – the detail:

Seamless, joined-up services for people

Strengthened GP Services

Improved care in the community

Children & families incl. SEND

Maternity services

STRENGTHENED GP SERVICES

STP-wide programme: Primary Care Strategy

Programme Objective: To implement the Primary Care Strategy

Programme Description

The STP has an agreed primary care strategy – CCGs are responsible for implementation taking account of local priorities and existing services in place , overseen by a STP Primary Care Transformation Board, and supported by work streams on workforce, digital, leadership and estates.

The system will focus on further embedding the requirements of the primary care strategy (incorporating the GPFV) and the helpful new requirements of the recently published GP contract including implementation of Primary Care Networks. Current progress:

- 26 geographically aligned 'Primary Care Networks' in place by 15th May with all the population covered by a network
- Clinical Directors identified for PCNs and personal development plans identified – by July 2019
- Some PCNs already operating at level 2 on the maturity matrix
- All practices wi-fi enabled.
- Comprehensive primary care estates strategy in development with focus on optimisation of buildings

Staff development

- Strong workforce development plan implementation through the training hub.
- C.100 additional staff working in General Practice, many through 'Network' type arrangements across multiple practices and workforce being increasingly diverse
- 350 practice staff have undertaken care navigation training improving the interface with patients

The focus for 2019/20 will be supporting the development of place-based arrangements across the STP. The stakeholder event *Who* Cares? Held at the end of January, will support the system to develop a STP-wide locality strategy, outlining ambitions for local health and care and, importantly, an evaluation framework to enable the system to track progress.

STRENGTHENED GP SERVICES

STP-wide programme: Primary Care Strategy

2019/20 Deliverables – Network DES/PCN Development	
Q1	Finalise and approve Network DES requirements Develop support 'offer/framework' for Clinical Directors and PCNs
Q2	Issue support offer in partnership with LMC through Clinical Directors
Q3	Facilitate discussions between Clinical Directors and other PCN partners to achieve operational collaboration between Primary, Community and Social Care for 2020/21
Q4	Agree arrangements for 2020/21 Network DES

2019/20 Deliverables – Practice Resilience	
Q1	Agree STP wide offer through Primary Care Programme Board
Q2	Issue offer to practices through PCNs
Q3	Award funding for implementation
Q4	Review requirements for 2020/21 programme of support

2019/20 Deliverables – PCN Data Requirements/Risk Stratification	
Q1	Finalise IG arrangements for sharing of data
Q2	Engage with Clinical Directors to understand data requirements for PCNs
Q3	Implement outcomes of discussions
Q4	

STRENGTHENED GP SERVICES

CCG Programme: Local Implementation of Primary Care Strategy

Programme Objective: To implement the Primary Care Strategy

Programme Description

The strategy was agreed in June 2018 focuses on meeting the demand and capacity gap by:-

1. Increasing capacity (81% of solutions)
2. Collaboration, and
3. Managing demand and reduce workload
   - I. Improved Triage (12%)
   - II. Pro-active and Risk Stratified Care (3%)
   - III. Reduced GP Admin Burden (3%)

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

Outcomes and benefits

Key Risks

Improvement capacity and pace of change
Time to embed changes and influence patient behaviour
Workforce availability
Access to data and analytics to plan, target and evaluate interventions
Funding streams (and timing) make financial planning challenging
Maturity of digital offers and pace of development of existing systems

Key Projects and Timescales

Date	Initiatives
1st Apr 2019	• Locality Enhanced Access Services becomes operational in all eight Localities
Q1	• Agree Provider/Locality led initiatives for 2019/20 • Launch Membership Development Programme • QI Collaboratives Commence • Preparation for Primary Care Networks DES and wider Contract Reforms • Agree Digital Roadmap • Review and Update Implementation and Investment Plan
Q2 – Q4	• Launch of Primary Care Networks • Implementation of schemes agreed in Q1

Costs and Financial benefits

Summary Investment Plan 2018/19-20 20/21 shown below – *to be revised May 2019*

Primary care financial bridge: Castle Point & Rochford CCG	2017/18	2018/19	2019/20	2020/21
Income	22.9	23.6	24.4	25.4
Expenditure	21.8	23.6	24.5	25.7
In-year Position	**1.1**	**0.0**	**-0.2**	**-0.3**
Workforce		-0.8	-2.0	-2.8
Estates		-0.1	-0.1	-0.1
Other Enablers		-0.5	-0.5	-0.5
Future model		**-1.4**	**-2.6**	**-3.4**
CCG baseline funding		2.0	2.1	2.3
STF allocation (GPFV)		0.0	0.0	2.5
End-state 20/21		**0.6**	**-0.6**	**1.1**

Primary care financial bridge: Southend CCG	2017/18	2018/19	2019/20	2020/21
Income	24.2	24.8	25.6	26.8
Expenditure	22.9	24.8	25.7	27.0
In-year Position	**1.3**	**0.0**	**-0.1**	**-0.2**
Workforce		-0.4	-2.3	-3.0
Estates		-0.1	-0.1	-0.1
Other Enablers		-0.9	-0.5	-0.4
Future model		**-1.4**	**-2.9**	**-3.5**
CCG baseline funding		1.8	2.5	2.7
STF allocation (GPFV)		0.0	0.0	2.6
End-state 20/21		**0.5**	**-0.5**	**1.6**

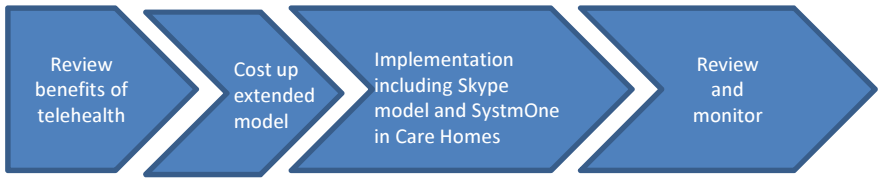
IMPROVED CARE IN THE COMMUNITY

CCG Programme: Deteriorating Patient

Programme Objective: To enhance focus 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).

Programme Description

The project is to review and build upon the opportunity that the one year pilot has provided.



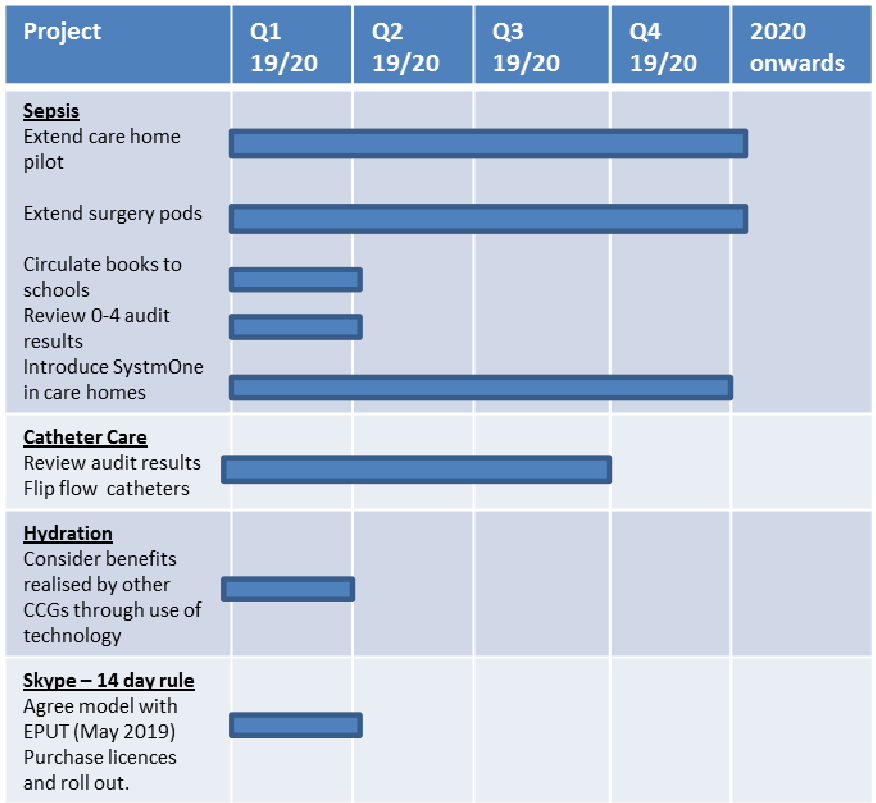
Outcomes and benefits

- Reduction in A&E attendance & NELs
- Improved public awareness, patient empowerment
- Enhanced relationships between primary care, secondary care and CCGs
- Reduction in lives lost / impacted relating to sepsis
- Improved care within care homes
- Quality of life improved relating to catheter care

Key Risks

- Buy in from care homes to utilise telehealth appropriately.
- Buy in from practices to utilise surgery pods.
- Access to notes for Sepsis 0-4 audit.

Key Projects and Timescales



Costs and Financial benefits

Investments Required: Currently being scoped

Savings: TBC

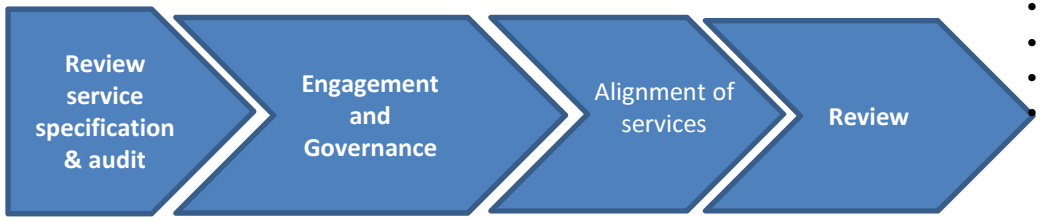
IMPROVED CARE IN THE COMMUNITY

CCG Programme: Care Co-ordination

Programme Objective: Care Co-Ordination service is a population health management service through the use of risk stratification identifying and accepting frail and vulnerable patients before they reach crisis point requiring urgent interaction.

Programme Description

The project is to align the two services across Southend and CPR which took place during 2018/19 but there is still some variation in delivery.



Key Projects and Timescales

- December 2018 – LCG engagement with GPs, EPUT
- December 2018-March 2019 – GP engagement in CP&R
- December 2018 – Audit undertaken
- January 2019 – Governance routes established
- March 2019 – CEC approval (planned for mid-March 2019)
- April 2019 – Review Care Co-ordination through SDOG (Service Development Oversight Group) and contractualise (pending CEC/CCG approval)

Outcomes and benefits

- The alignment project which required nil investment has identified a variation on the hours / days both teams work. CP&R Care Co was set up to work 7 days per week 9-5pm and their caseload increased as more patients were identified by each GP Practice. Southend Complex Care was set up to work 5 days per week 8-6pm
- Care Co-Ordination will continue to develop to support locality development focusing on the population needs.

Costs and Financial benefits

Investments Required: Nil **Savings:** Business as usual

Key Risks

- Care Co-Ordination does not deliver prevention and key service objectives.

Carer Executive Lead: Jacqui Lansley Operational Lead: Tracy Harris Clinical Lead: TBC

CCG Programme: Carers

Programme Objective: to jointly invest with Southend Borough Council in a comprehensive range of services to support unpaid Carers.

Programme Description

The programme has and will involve consultation with Carers on the support they need, some pilots services have been commissioned in response and require review . There is an opportunity to build on the outcomes achieved in the one year pilot funding for Carers and act on lessons learned

Key Projects and Timescales

1. Carers Summit allows professional discussion and review of current services. **10 June 2019**
2. Paper written to CCG and SBC governance with recommendations going forward. **Mid June**
3. If approved notify currently funded services that are going to cease **September 2019**.
4. Redesign services for gaps identified. **June 2019**
5. Invite applications for newly designed services **July 2019**

Outcomes and benefits

1. To reduce unnecessary hospital admissions/A&E attendances/111 calls
2. Access to dedicated information, advice and guidance
3. Access to dedicated EOL respite/care out of hours
4. To improve carers independence, physical health and emotional wellbeing
5. To empower and support Carers to manage their caring roles and have a life outside of caring
6. To ensure Carers receive the right support, at the right time, in the right place

Costs and Financial benefits

Investments Required:

£100,000

Savings:

Qualitative benefits for Carers. For the respite service we anticipate 100 admissions will be saved at avg. cost of £1,800 per admission. Gross saving £180,000, net saving £153,000 (investment cost is split equally between SCCG and SBC)

Key Risks

1. Low take up of service due to lack of support from other professionals and failure to promote services.
2. Services fail to deliver outcomes.

Single Point of Referral Executive Lead: Jacqui Lansley Operational Lead: Caroline McCarron Clinical Lead: TBC

CCG Programme: [Single Point of Referral - SPOR]

Programme Objective: To fully integrate the Health & Care functions of SPOR, ensuring a partnership approach and optimal outcomes

Programme Description:

SPOR is a key support function for GPs and professionals across health and care, providing access to community services, assisting hospital discharge and avoid unnecessary admissions to hospital. Collaborative working between health and social care teams is key to achieve the desired outcomes.

Outcomes and benefits: Synchronisation of 'front door' services with locality development

Reduced inequalities in health and social care in S.E.E.
Improved delivery of out-of-hospital triage, assessment and care planning
Improved co-ordination of care pathways
SMART objectives to improve outcomes for people
Decision-making at the centre of combined services

Key Risks: Acute hospital pressures reducing service's ability to respond appropriately to community referrals

Key Projects and Timescales:

September to December 2018: On site meetings with Staff
December 2018: Discussions with EPUT Data Team
December 2018: Discussions with SBC Data Team
December 2018: Review report completed
January 2019: Recommendations raised
February 2019: CMT sign off report and recommendations
March 2019: Council EDMT sign off
April to July 2019: Mobilisation of new model

Costs and Financial benefits

Investments Required: None **Savings: Business as usual**

End of Life Executive Lead: Jacqui Lansley Operational Lead: Caroline McCarron Clinical Lead: Mark Metcalfe

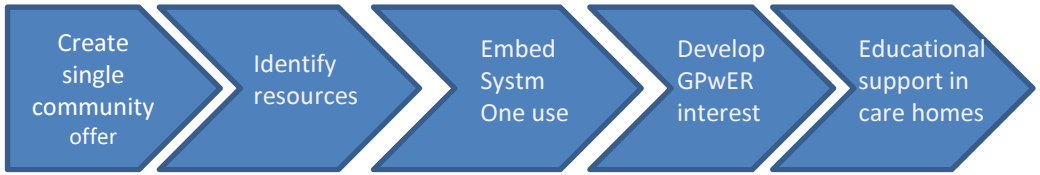
CCG Programme: SystmOne – Palliative Care

Programme Objective: To embed a ***dedicated single comprehensive team approach*** at EPUT in line with CQC findings.

Programme Description

Aims/Objectives

1. 2. To establish a dedicated single point of contact (SPC) to support professionals/ patients/carers 24/7
3. To enhance the existing support to patients and carers out of hours, pockets of respite are available but not consistently with no access to dedicated palliative care.
4. To embed the use of System one across all providers, specific focus on SUHFT GSF wards/ED and EEAST.
5. Additional educational support for Care Homes.
6. Supporting GP practices to deliver quality EOL care in line with new contract
7. Enhanced Medical Model in community (GPwER accountable to
8.Access to community Palliative Care Beds…..Step up Step down



Outcomes and benefits

1. To reduce unnecessary hospital admissions/A&E attendances/111 calls
2. Access to dedicated 24/7 information, advice and guidance
3. Access to dedicated EOL respite/care out of hours
4. To improve patient and carer experience

Key Risks

- Coding/recording does not include EOL flags, limiting ability to identify baseline data to understand palliative/ EOL activity/trends
- Financial assumptions not met through implementation of initiatives
- No or limited impact on demand for hospital services and NEL admissions
- Failure to publicise the SPC widely/ providers not willing to engage so the resource is not effectively utilised

Key Projects and Timescales

1. **Single community offer** under one specification / KPI's by June 2019.
2. **SPC** – Resource/provider/investment defined in business case end February 19, phase one mobilisation end April 19, recruitment additional resource end August 19, 24/7 service mobilised October 2019.
3. **OOHs respite/care** – Resource/Investment defined in business case end February 19, provider workshop for existing providers to ensure shared approach and objectives March 19, additional resource mobilised October 2019 (allowing for potential procurement).
4. **System One -** embedded in GSF wards at SUHFT
5. **Care Homes –** Continue to provide dedicated EOL training to all Care Homes.

Costs and Financial benefits

Investments Required: TBC **Savings: TBC**

Benfleet Executive Lead: Simon Williams /Jacqui Lansley Operational / Clinical Lead: Dependant on locality

CCG Programme: Localities - Implementation

Programme Objective: Traditional models of commissioning and provision have failed to deliver sufficient benefit to local communities. In line with national direction there is local move to adopt a place based approach, focusing on the needs of local communities as opposed to the amalgamated needs within traditional organisational boundaries.

Programme Description

Traditional models of commissioning and provision have failed to deliver sufficient benefit to local communities. In line with national direction there is local move to adopt a place based approach, focusing on the needs of local communities as opposed to the amalgamated needs within traditional organisational boundaries. CCG spend incurred within the system is largely utilised either on on-going care, or re-actively responding to rapid deterioration in need – as opposed to investing in preventative care..

Outcomes and benefits

- Reduction in secondary care use through an enhanced primary care and community care offer in each locality;
- Integrated care pathways reducing inefficiencies, hand-offs between agencies and better quality and value for money
- Overall improved well-being for residents living in each of the 8 localities, feeling more connected and empowered.
- Reduction in health inequalities across the South East Essex area.

Key Risks

- Poor engagement across the SEE stakeholders, residents and key partners
- Continued inappropriate tilisation of A&E, hospital Trust and institutional services away from resident's own homes and communities.
- Two different Local Authorities creates the potential for two tiered systems of community offer from each authority.

Key Projects and Timescales

- Autumn 2018 – SEE sign-off Locality Strategy
- Nov-Jan – 2018/19 – Locality dashboard development (Southend); design groups across 8 localities;
- Feb 2019 – Locality Development Manager roles created and recruited to (Southend)
- March 2019 – Locality Development Manager roles created and out to advert
- April/May 2019 – Workplan development for localities implementation (12-24 month plan)
- Governance (SEE Partnership) June/July 2019 (estimated)

Costs and Financial benefits

Investments Required: Not identified **Savings: Not identifed**

CHILDREN'S SERVICES

CCG Programme: [Children's Transformation Programme]

Programme Objective: Programme Objective: To transform the delivery of CYP services ensuring high quality care in the most appropriate place at the right time, ensuring improved outcomes and experiences for CYP and their families.

Programme Description

Outcomes and benefits

- Reduction in paediatric outpatient, A&E attendance & NELs
- CYP will receive care closer to home
- Parents and families become more resilient and self-empowered
- Improved relationships between primary and secondary care
- Primary and community care staff will feel more confident dealing with paediatric issues
- Addressing gaps in our services such as dysphagia, epilepsy
- Reduce health inequalities for children and young people

Key Risks

- Current financial envelope does not meet the required investment
- Engagement from primary care, acute sector and others is insufficient to deliver the identified projects
- New models of care do not achieve the anticipated reduction in activity
- Lack of progress against the Written Statement of Action and SEND Code of Practice

Key Projects and Timescales

- Joint Paediatric Clinic – phased approach – operational n 6 localities by end of 19/20 and fully operational in 8 localities by Q1 2020/21
  Paediatric Feeding and Swallowing service – designed, commissioned and mobilised by Q3 19/20
- Paediatric Community Nursing – further design and recruitment in Q1 & Q2 19/20, with mobilisation beginning in Q3 19/20
- Rapid access improvements including a paediatric hotline – April 2019 onwards (test and learn for 3-6 months)
- Critical pathway review – mapping process began in March 2019, and to continue throughout 2019
- Development Delay and Behaviour Pathway – co-design the pathway in Q1 & Q2, with phase implementation from Q3 onwards

Costs and Financial benefits

Investments Required: £2,121,916

Savings: reductions across several areas

Area	%age reduction
A&E	13%
NEL	10%
Paed Outpatients	28%
VB09Z & VB11Z	17%
Lighthouse Centre	10%

Total potential reductions are £1,997,878 as well as potential £255,000+ reduction in prescription costs for cows milk allergy, ADHD and enteral feeding

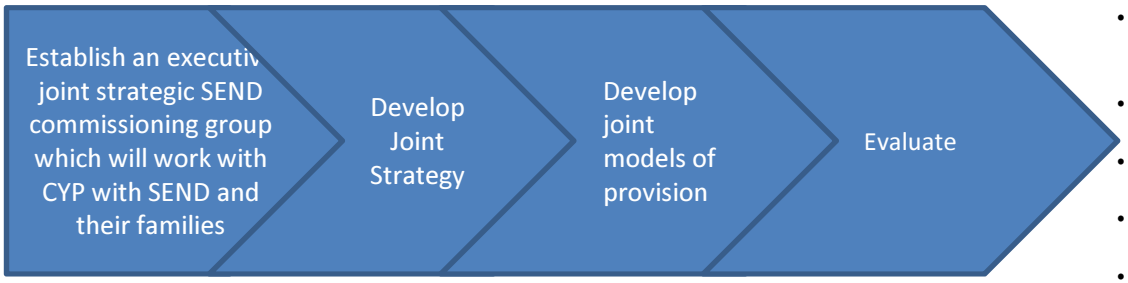
CHILDREN'S SERVICES: SEND

Children and Young People SEND Provision : Jacqui Lansley Operational Lead: Caroline McCarron Clinical Lead: Dr Kate Barusya

CCG Programme: [Enhance SEND provision]

Programme Objective: To ensure precisely co-ordinated joint priorities are developed for children and young people with SEND

Programme Description



Outcomes and benefits

- The SEND reforms are embedded at leadership level with good knowledge of individual and collective responsibilities under the SEN Code of Practice.
- Leaders continually challenge collective accountability and performance to ensure that required improvements are delivered
- Commissioning of services for children and young people with SEND is undertaken jointly by leaders and in collaboration with Children and young people with SEND and their families.
- The Local Offer is co-produced, is well promoted, is fit for purpose and meets the needs of children and families.
- The voice of children and young people with SEND and their parents will be embedded In the work of the local area and inform Service design.
- The area delivers its statutory duties to children and young people with SEND in a timely, transparent and person centred way.

Key Risks

- **Southend** – Ensuring actions are undertaken to meet the requirements of the Written Statement of Action – Re-inspection in 2020
- **CPR** – Ensuring delivery meets the requirements of the SEND Joint Local Area Inspection Framework for forthcoming inspection of the Essex County area

Key Projects and Timescales

- Establish an executive joint strategic SEND commissioning group which will work with children and young people with SEND and their families – Q2
- Commission and deliver SEND training and development sessions with leaders – Q2
- Designated Medical/Clinical Officer – agreement on way forward in Q2 followed by the necessary recruitment
- Development Delay and Behaviour Pathway – co-design the pathway in Q1 & Q2, with phase implementation from Q3 onwards
- Develop a clear strategy to promote and support the process of personalisation
- Establish a Local Offer of Provision Review Group Q2/3
- Review and improve all systems and processes relating to EHCP assessment and planning Q2-4
- Review and improve systems, and access to systems, for recording and storing information across the area for EHCPs – Q2
- Improve recording, tracking and knowledge of the outcomes sought by children and young people with SEND, their aspirations, welfare and lived experience – Q4
- Review data collection, sharing protocols, and joint area working – Q2
- Review and relaunch key services and documents for supporting children and young people with SEND in mainstream schools – Q2
- Remodel provision to ensure consistent delivery of delivery across specialist and mainstream schools, including enhancing joint commissioning opportunities- Q2-4
- Transforming Care – Pilot Intensive Positive Behaviour Support initiatives for children at risk of hospitalisation or behaviour that challenges

Costs and Financial benefits

Investments Required: **Savings:**N/A

MATERNITY SERVICES

STP- wide programme

Programme Objective: Oversee delivery of *Better Births* maternity transformation programmes.

Programme Description

The STP LMS transformation plan has been approved by regulators. The plan sets out ambitious but realistic plans for delivering improvements to maternity services. In line with *Better Births* the LMS has described its work programme for the coming year. The focus of work will be on:

- Workforce planning – focussing on personalisation and safety, ensuring staff are trained and supported in their role.
- Implementing standardised pathways to increase choice for women (so that more women can have choice of midwife units for birth by 2021)
- Increase the number of women offered continuity of care and ensuring high quality pathways for high risk/vulnerable women.
- Ensuring all women have a personalised care plan by 2021.
- Improving the safety of maternity services, with a focus on system-wide implementation of the *Saving Babies Lives Care Bundle* v2 by March 2020.
- Taking action on neonatal mortality in accordance with NICE guidelines and guidelines.
- Reducing rates of still-birth, maternal and neonatal death and brain injury
- Ensuring good practice in reporting of incidents and external reviews where appropriate
- The LMS has a credible plan for how its financial allocation will be spent, and is it on track to spend it in the year.

Board Sponsor: Lisa Allen, AO, Basildon & Brentwood CCG

Local Maternity Services Board

Delivery Lead: Teresa Kearney, Chief Nurse, BBCCG

MATERNITY SERVICES - LMS Plan 2019/20

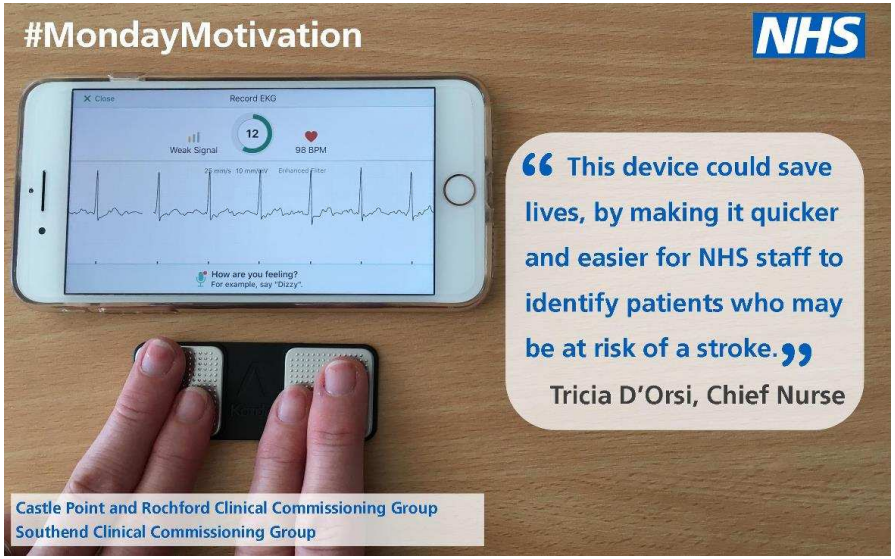
Deliverable	When	Trajectory
Workforce– focussing on personalisation and safety, ensuring staff are trained and supported in their role.	Q1	3 MSB maternity units have delivered HEE funded CofC training to staff
Implementing standardised pathways to increase choice for women (so that more women can have choice of midwife units for birth by 2021)	Q1 Q2 Q3 Q4	70% Target: 72% 2018/19: 70% 75% 2019/20: 80% 80% 2020/21: 90%
Increase the number of women offered continuity of care and ensuring high quality pathways for high risk/vulnerable women.	Q1 Q2 Q3 Q4	20% 25% 30% 35% (end of Q4 35%)
Ensuring all women have a personalised care plan by 2021	Q1 Q2 Q3 Q4	20% 50% 75% 95% (end of Q4 95%)
All providers to undertake a Gap analysis for postnatal care.	Q1	All providers and commissioners have agreed a postnatal improvement plan by September 2019
Taking action on neonatal mortality in accordance with NICE guidelines and deliver ATAIN (Avoiding Term Admissions Into Neonatal units) programme.	Q1 to Q4	Continue to participate in Mat Neo (NHSI and NQI programmes) through AHSNs
Deliver improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019 and Saving Babies lives Care Bundle v2 by 2020.	Q1 to Q4 Q1	4.98 Based on 2015 MBBRACE data combined neonatal and still birth rate Fully implemented in 3 MSB maternity units from Q4
Ensuring good practice in reporting of incidents and external reviews where appropriate	Q1	Establish Maternity safety sub-group of the LMS Board to oversee sharing of incidents, implementing Saving Babies Lives, Maternity and Neonatal Health Safety Collaborative.

A focus on prevention rather that treatment

Cancer

Supporting self care and prevention

- Respiratory
- Diabetes (STP)
- Frailty
- Cardiology



CANCER SERVICES

STP-wide Programme:

Programme Objective: Oversee cancer transformation programmes & cancer performance.

To support delivery of the cancer requirements of the 2019/20 planning guidance and the long-term plan, the STP has established a local governance across all providers and commissioners, as well as patient representatives and charities through the Cancer Alliance.

The focus of work is to:

Performance:

- Consistently deliver 2 week-wait cancer standards
- Recover 62 day cancer standard performance
- Implement timed pathway for oesopho-gastric cancers, LGI, Lung & Prostate.

Prevention & Screening:

- Improve uptake in screening for breast, cervical and bowel cancers
- National programme of lung checks (Thurrock)
- FIT in Primary care for symptomatic patients – implementation14/02/19 with estimated 2,680 negative results

New models of care

- Increase early detection - 62% of cancers are diagnosed at stages 1 and 2 by end of 2020/21
- Reduce number of cancers diagnosed as an emergency presentation
- Collect mandatory data to support implementation of 28day diagnosis
- Roll out rapid diagnostic centres
- Implement risk stratified follow-up two thirds of breast cancer patients by end 2019/20
- Deliver on phase I cancer workforce plans

Key Projects and Timescales

2019/20 Deliverables	
Q1	• FIT fully embedded in Primary Care • LES in place for Cancer Care Reviews • Vague Symptom MDC in place across the MSB • Risk Stratified Breast • 2 week standard
Q2	• Risk Stratified Pathway Colorectal
Q3	• Thurrock Lung Health Check • 62 day cancer standard
Q4	• Risk Stratified Pathway Prostate • Timed pathways implemented

Board Sponsor: Donald McGeachy, Medical Director, Joint Commissioning Team

Cancer Alliance & Cancer Board

Delivery Lead: Karen Wesson, Joint Commissioning Team

Key Risks

Respiratory Executive Lead: Simon Williams Operational Lead: Paul Taylor Clinical Lead: Sharon Hadley

CCG Programme: Respiratory

Programme Objective: To develop fully integrated respiratory services that will support and up-skill primary care, support the development of locality based services, move care closer to home and reduce the burden on hospital services, resulting in coordinated care, reduced hospital visits, and short and coordinated diagnostic pathways with the consequences; being improved patient outcomes, patient experience

Programme Description:-

The respiratory work stream brings together a number of QIPP schemes, initiatives and projects across the patient pathway

Aims/Objectives;

1. Develop Integrated Locality provision to provide support to a wider cohort of COPD patients with a focus on proactive care and prevention.
2. Slow deterioration and improve awareness and compliance.
3. Embed joint working practices and clinical leadership across acute & community teams
4. Improved support to Primary Care to identify and manage patients.
5. Improved access to psychology.
6. Improve access and uptake of Pulmonary Rehabilitation

Outcomes and benefits

- Deliver care in line with guidance and best practice
- Reducing high cost care as a result of early intervention
- Reduce morbidity and mortality
- Reduced emergency admissions
- Reduced readmissions due to acute exacerbations
- Care closer to home
- Efficiency saving using a lower cost provider
- Management of lower complexity patients outside of acute
- Optimising treatment & Improve medication compliance
- Up skill and support local primary care
- Releasing capacity in hospital to treat complex patients more quickly

Key Risks

Failure of primary care community to engage with developments and projects
GPwER fails to have impact as desired

Key Projects and Timescales

Project	Timescales
Case finding and patient review in Primary Care	June 2019
Primary Care support Programme – Education and management support	May – Dec 2019
myCOPD roll out to primary and Community care	June 2019
IAPT Pilot	July 2019
Locality Based respiratory services	July 2019
GPwER deployment	June 2019
New models of Pulmonary Rehab	April 2019

Costs and Financial benefits

Investments Required:

GPwER Costs - £96,000

Total investment = 96,000

Savings:

COPD/Asthma NELs= £131,100
All Respiratory ED attendances: = £5,83.00
OPA - £149,962
GPwER – 179,872

Total Net Cost Benefit = £370,017

SUPPORTING SELF CARE & PREVENTION

CCG Programme: Frailty

Programme Objective: Frailty is a long term condition in its own right which requires moving away from assessing and treating individual conditions and diseases as separate entities and moving towards assessment and treatment of the whole person.

Programme Description

The project is using the 10 national principles to transform current pathways to provide a consistent, responsive approach to the management of frail and vulnerable people across health and social care focusing on delivery of frailty services to the developing localities. This scope of this programme includes the falls project.

Outcomes and benefits

- Measurable improvement in the quality of life of frail and vulnerable people
- Reduction in excess bed days and ultimately admission avoidance
- Reduced pressure on primary care
- Raise awareness and improved understanding of the management of frailty for both staff, carers and the people themselves

Key Risks

- System partners engagement and commitment not sufficient to transform service delivery to meet the locality needs of the frail and vulnerable people
- The success of the programme is dependent on the implementation of an agreed STP shared care record

Key Projects and Timescales

- February 2019 – Frailty Key Stakeholder workshop
- March 2019 – Frailty Steering Group
- April 2019 – Identified Workstreams initiated
- April – June 2019 – Workstreams scoping & pathway development
- July 2019 – Report back to SEE Partnership Board for approval
- July 2019 – CEC approval
- August 2019 – Further governance to be determined by programme requirements, financial or otherwise

Costs and Financial benefits

Investments Required: TBC **Savings:** TBC

Executive Lead: Simon Williams Operational: Lynne Smith Clinical Lead: Biju Kariakose

CCG Programme: Cardiology

Programme Objective: Enhancement of the Community Heart Failure Service (CHFS) to support, treat and care for all Heart Failure patients whose condition meets the service access criteria

Programme Description

The cardiology focused transformation programme consists of two interrelated initiatives to support patients diagnosed with Heart Failure through increasing the access to the CHFS for medicines management, education and support and to be able to provide IV diuretics in the patient home.

Outcomes and benefits

- Reduce non elective emergency and short stay admissions
- Reduce excess bed days
- Improve health outcomes and quality of life for HF patients
- Support self-management of HF patients preventing exacerbation of conditions

Key Risks

- Recruitment of suitably qualified staff to support the CHFS to deliver the enhanced service requirements
- SUHFT and Primary care referring patients suitable HF patients to the CHFS to achieve the desired outcomes

Key Projects and Timescales

- August 2017 – Cardiology Heart Failure scoping exercise
- October 2017 – Frailty Stakeholder Steering Group
- November 2017 – Joint Demand Management Group
- December onwards 2017 – Staff Recruitment
- July 2018 – Community IV Diuretic service to commence
- October 2018 – Enhanced CHFS commenced
- October 2018 – Refinement of activity and admission avoidance reporting
- October 2018 onwards – Staff recruitment to fill vacancies
- November 2019 – Project end – BAU to be confirmed

Costs and Financial benefits

Investments Required: £269,642

Net Savings: £219,517

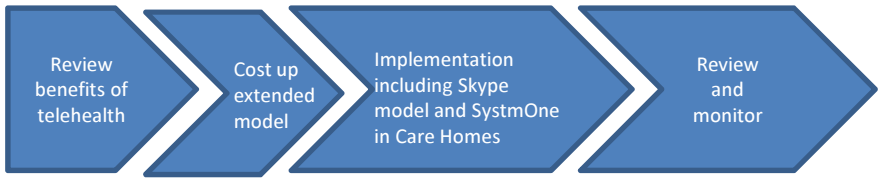
Deteriorating Patient Executive Lead: Tricia D'Orsi Operational Lead: Michelle Angell Clinical Lead: Sunil Gupta

CCG Programme: Deteriorating Patient

Programme Objective: To enhance focus 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).

Programme Description

The project is to review and build upon the opportunity that the one year pilot has provided.



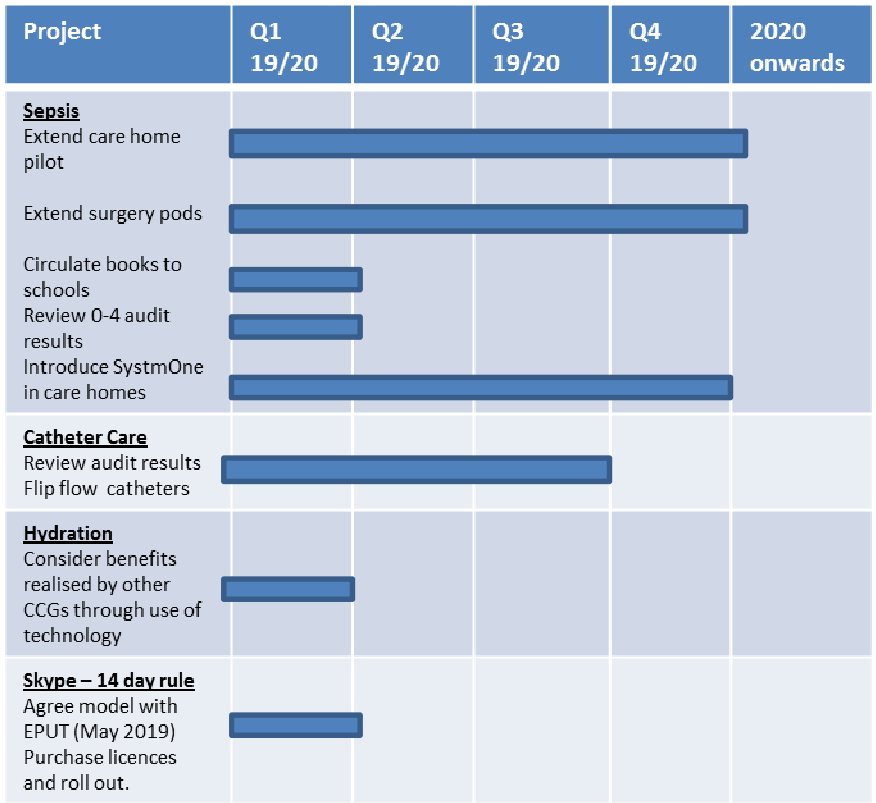
Outcomes and benefits

- Reduction in A&E attendance & NELs
- Improved public awareness, patient empowerment
- Enhanced relationships between primary care, secondary care and CCGs
- Reduction in lives lost / impacted relating to sepsis
- Improved care within care homes
- Quality of life improved relating to catheter care

Key Risks

- Buy in from care homes to utilise telehealth appropriately.
- Buy in from practices to utilise surgery pods.
- Access to notes for Sepsis 0-4 audit.

Key Projects and Timescales



Costs and Financial benefits

Investments Required: Currently being scoped

Savings: TBC

Delivering national & local priorities

Constitutional standards

Mental Health – adults & children

Urgent & emergency care (STP)

Elective Care

Learning Disabilities

Creating efficiencies

Workforce, OD, Leadership

Quality & Safeguarding

Quality and Constitutional Standards

Quality

• NHS Castlepoint and Rochford CCG and NHS Southend CCG

• Objective:

The CCG utilises the Joint Quality Strategy 2018, which sets out the quality agenda for the two South East Essex CCGs; NHS Castle Point & Rochford CCG and NHS Southend CCG to underpin its work to minimise the risk of harm to patients and improve patient experience. Quality looks at three core principles:

- Patient safety
- Clinical effectiveness
- Patient experience

The priorities below are set out using these three headings :

The focus of work is to:

Patient Safety

- Monitor and manage the process of concerns and complaints management.
- Monitor and quality assure serious incident investigations/ escalation of concerns and supporting action plans.
- Review quality matrix in all CCG contracts that relates to risk and safety
- Support the implementation of primary care networks ensuring patient safety is maintained through to transformation.
- Enhance Care Homes model is implemented and supported within both CCGs
- Collaborate with CQC, Health watch and Local Authority to ensure that the quality safety /safeguarding agenda is embedded
- Clinical audit: Catheterised patient, 0-4 yrs Sepsis.

Patient Experience

- Work in partnership with communications regarding quality focussed initiatives
- Further audits relating to friends and family, how is it for you audit (CHC)

Clinical Effectiveness

- Implementation, monitoring of the CQUINs Programme 2019/2020.
- Programme of Quality assurance visit for GP/Primary Care , EPUT Community Services, Southend University Hospital Foundation Trust (in collaboration with JCT)
- Specialist School Nursing Audit
- Oversight of the training program for fundamental of care for care homes.
- Glenwood School audit
- Developing a quality improvement programme for Primary Care.

Key Risks

- Failure to implement above may result in potential harm to the patient due to poor monitoring/oversight resulting in a potential reputational risk to the CCG.

• Key Projects and Timescales

2019/20 Deliverables	
Q1	• Cquin submission • Quality Schedule for contracts proposed submission • Quality assurance visits SUHFT • Ongoing Community contract monitoring and review • Catheter Audit, 0-4yrs Sepsis.
Q2	• CHC Patient Quality Audit • PHB NHSE reporting and Frequent attender PHB consideration • Ongoing Community contract monitoring and review
Q3	• Review and implementation of Quality Strategy. • Glenwood School audit and findings to be presented August 2019. • Develop a primary care quality assurance programme with Primary Care Commissioning. • Ongoing Community contract monitoring and review
Q4	• CHC Quality Audit • Year end schemes review for next financial year planning • Ongoing Community contract monitoring and review

Executive Lead
Tricia D,Orsi Chief Nurse

Implementation Lead
Lorraine Coyle
Deputy Chief Nurse

Emergency Care

- Consultation period started on 22nd May 2019 to look at alternative access standards to the current Hospital 4 hour standard.
- In Midlands and East Region the following sites are testing new measures:
  - Addenbrookes
  - West Suffolk (Bury St Edmunds)
  - Luton and Dunstable
- Southend Hospital currently monitoring new measures in the background

- Recent letter from Dr Ann Radmore (NHSE/I Regional Director for East of England) requesting that all Trusts achieve 90% performance against 4 hour standard for June 2019 onwards. Currently working across local A&E Delivery Board to collate a return to support this position.

- NHS Long Term Plan requires each site to open Urgent Treatment Centre over the next 18 months. NHSE/I currently meeting to advise how this would interact with sites that already operate GP Streaming (such as Southend Hospital).

Referral To Treatment Times

- RTT performance monitored by the Joint Commissioning Team as part of the acute block contract.
- Performance currently challenged and requires significant improvement
- RTT Access standards also being reviewed as part of proposed changes to national access standards.

Cancer Treatment

- Cancer performance monitored by the Joint Commissioning Team as part of the acute block contract.
- Performance currently challenged and requires significant improvement
- Cancer standards also being reviewed as part of proposed changes to national access standards.
- Recommendations have been made to JCT to look at other sites regionally and nationally that are performing well to understand how best practice can be applied locally.
- Significant local shortfall in Consultant Clinical Oncologist roles means that whilst specific tumour pathway improvements have been identified, full turnaround is impacted by specialist staffing shortages.
- Focus happening on the rapid diagnostic vague symptom pathway (RD VSP) to alleviate some of the unnecessary demand on 2 week wait referral pathway

Personal Health Budgets

Personal health budgets are a way of personalising care, based around what matters to people and their individual strengths and needs. They are one component of the NHS's comprehensive model of personalised care which will, as part of the NHS Long Term Plan, transform 2.5 million lives by 2023/24.

A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG). It isn't new money, but a different way of spending health funding to meet the needs of an individual.

Locally:

- Since 1st April 2019, all CHC funded domiciliary care packages are required to be delivered via PHB; this is now in place for both Southend CCG and Castle Point & Rochford CCG
- Personal Health Wheelchair Budgets (PHWB) are now available as an all-age offer since the beginning of this year.
- Some provisional scoping is being undertaken in collaboration with the acute trust with regard to frequent attender cohort and the possibility to impact on wellbeing outcomes with identified and targeted PHB's.
- Currently exploring opportunity to consider PHB for continence products

SAFEGUARDING

CCG PROGRAMME: Safeguarding Child/Adult Statutory Responsibilities

Programme Objective: Protect and promote the welfare of children and adults at risk of abuse and neglect

Programme Description

Working with Local Authorities, Essex Police, Health providers and relevant agencies to ensure the CCGs' statutory responsibilities to safeguard children and adults at risk are met.

For 2019/20 this will include:

Development of the new multi-agency Safeguarding Partnership arrangements in line with the Children & Social Care Act 2017 and *Working Together to Safeguard Children* 2018.
Undertaking a review of the Health Executive Forum and Safeguarding Clinical Network (SCN) so that there is the right level of influence on safeguarding arrangements in line with NHS England *Safeguarding Accountability and Assurance Framework.*
Working with Partners through Safeguarding Adults Boards to support the implementation of the strategic plans. Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused (Making Safeguarding Personal).
Work with Partners through the Domestic Abuse Board and improve the recognition and response to domestic abuse through all commissioned health services and Primary Care.
Ensuring that safeguarding principles are a continual and fundamental part of the CCGs' commissioning strategy and processes, and are prioritised as a key thread in the development of Primary Care Networks and Integrated Care systems.
Work with Health providers and Local Authorities to meet statutory requirements for Initial and Review Health Assessments

SAFEGUARDING

Implement the SCN Looked After Children Health Strategy reflecting current local and national priorities.

Ensure all commissioned services implement the Mental Capacity (Amendment) Act 2019 with particular reference to Liberty Protection Safeguards.

Work with Local Authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care.

Promote the Prevent duty (Counter Terrorism and Security Act 2015) in Primary Care and commissioned services so that all staff working in health care settings can identify children and vulnerable adults at risk of radicalisation or extremism and respond accordingly.

Ensure that robust arrangements are in place in the developing Integrated Health and Social Care system; this will include assurance from partners of effective safeguarding systems in Integrated Care Communities.

Continue to strengthen safeguarding practice and arrangements in Primary Care through learning & development and the implementation of recommendations from case reviews.

Work with statutory partners to further develop the multi-agency response to Contextual Safeguarding to improve identification, the management of risk and protective response to children at risk of sexual and criminal exploitation. Further develop health practitioners recognition and response to vulnerable adults at risk of sexual and criminal exploitation

Utilise the integrated governance systems and processes to provide assurance that all commissioned provider services have robust systems in place, are meeting safeguarding standards and acting on safeguarding concerns.

MENTAL HEALTH

STP-wide Programme

Programme Objective: to oversee both transformation and performance activities & to support delivery of the Mental Health Forward View.

Programme Description

The STP Board has agreed to provide support funding to source external expertise and capacity to review the pan-Essex Mental health Strategy and to help the system to define a costed model for delivering this. The focus of work in 2019/20 will be to:

- Ensure MHIS is delivered and prioritised to deliver best value for the system.
- Continued development of the mental health workforce, working through the LWAB with HEE, health and social care providers and wider groups
- Continued transformation of children and young people's mental health services through the LTP including crisis care
- Improvements in per-natal mental health services
- Increase access to IAPT and development of plans for access to IAPT services for patients with severe mental illness
- Improvements to community mental health services and working with emerging primary care networks.
- Implementation of crisis and home treatment service in Q4
- On-going developments to move MEHT towards core24 provision for mental health liaison
- Standardisation of practice for EIP across the STP to share learning
- Use of transformation funding for IPS - @ CCG level
- Continued improvements in dementia diagnosis at CCG level
- Continued work on the suicide prevention plan with public health partners
- Ensuring providers submit high quality data to the MHMDS and IAPT data set
- Continued implementation of Liaison and Diversion services

Key Projects and Timescales

2019/20 Deliverables	
Q1	• Complete phase 1 of costed delivery plan • Sign off suicide prevention plan at MH Partnership board • Perinatal delivery plan • EIP delivery plan
Q2	• Complete phase 2 and 3 of costed delivery plan including workforce, estates and digital plans
Q3	• Recruitment/Mobilisation of 24/7 community crisis service (subject to governance approval
Q4	• Delivery of 22% IAPT access target • 24/7 community crisis service live

Board Sponsor: Sally Morris, CEO, EPUT

Mental Health Partnership Board

Delivery Lead: Mark Tebbs

MENTAL HEALTH

CCG Programme: Parity Esteem/Physical Health of People with SMI

Programme Objective: That by 2020/21, at least 60% of people with Serious mental Illness (SMI) in South East Essex have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention.

Programme Description

To develop an inclusive, locality approach to improving the physical health outcomes of people experiencing SMI. This will be done by improving access to, and quality of, physical health checks AND follow up interventions for people with SMI

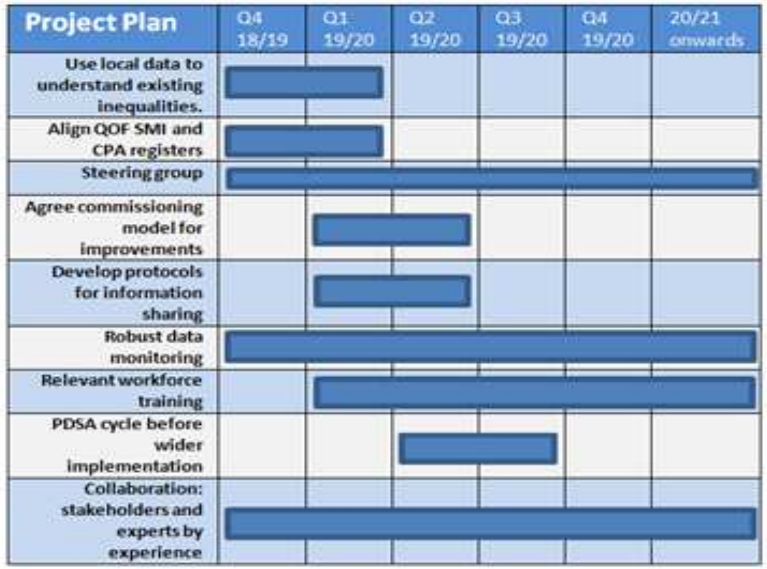
Outcomes and benefits

- Facilitate meaningful co-production of locality approaches and models for commissioning.
- To link /interface with parallel programmes such as NHS health check and LD health checks.
- To continue to monitor, improve, and sustain improvements in the physical health care of people with SMI.
- Improved confidence and competency within primary care for managing the health needs of people with SMI.
- Expected Outcome: an increase in the percentage of people on the GP SMI register who receive a full annual physical health assessment and appropriate follow up care. Southend and CP&R (to achieve *at least* national target of 60%).

Key Risks

- Information sharing between primary and secondary care.
- Staff capacity.
- Staff competencies.

Key Projects and Timescales



Costs and Financial benefits

Investments Required:

Investment required: £250k in 19/20

CCG Programme: Psychological interventions for people with long term conditions

Programme Objective: To ensure appropriate psychological support is available for people with long term conditions

Programme Description

To integrate psychological therapy interventions into care pathways for people with long term conditions. The aim will be to build on the successful work already being undertaken in SUHFT with respect to COPD and stroke; improving access to support for people with COPD into the respiratory medicine pathways in the community and primary care, and using learning from this to broaden the range of conditions where this support is available. It is likely that diabetes will be an important area for expanding this work. In addition to being an NHSE requirement to achieve NHS Constitution standards relating to access to psychological interventions, this has proven beneficial impact on the wellbeing of people with long term conditions and reduces levels of service utilisation in both primary and secondary care.

Outcomes and benefits

Offering psychological interventions to people with long term physical health conditions has proven impact in terms of both improving the wellbeing of individual patients and also reducing overall levels of service utilisation by people with long term conditions in both primary and secondary care.

Key Risks

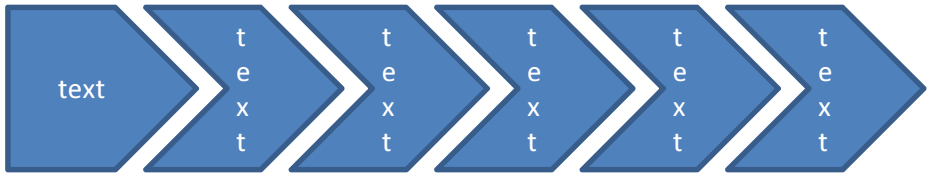
Introducing psychological interventions into pathways for people with long term conditions requires planning, commissioning and managing services across the traditional boundaries between physical and mental health services, hospital and community services, and primary and secondary care

CCG Programme: Dementia Pathway

Programme Objective: That through 2020/21, both CCGs continue to meet the constitutional target that of 66.7% of all diagnosed with dementia have a dementia diagnosis and access to good post diagnostic support. That both CCGs are in the upper quartile for dementia care plan reviews by Q4 19/20.

Programme Description

To develop an inclusive, locality approach to reducing the length of and streamlining the dementia diagnostic pathway. To also improve the post diagnostic support offer by offering improved access to and a consistent quality experience of dementia care plan reviews. Ensure dementia is included in EOL.



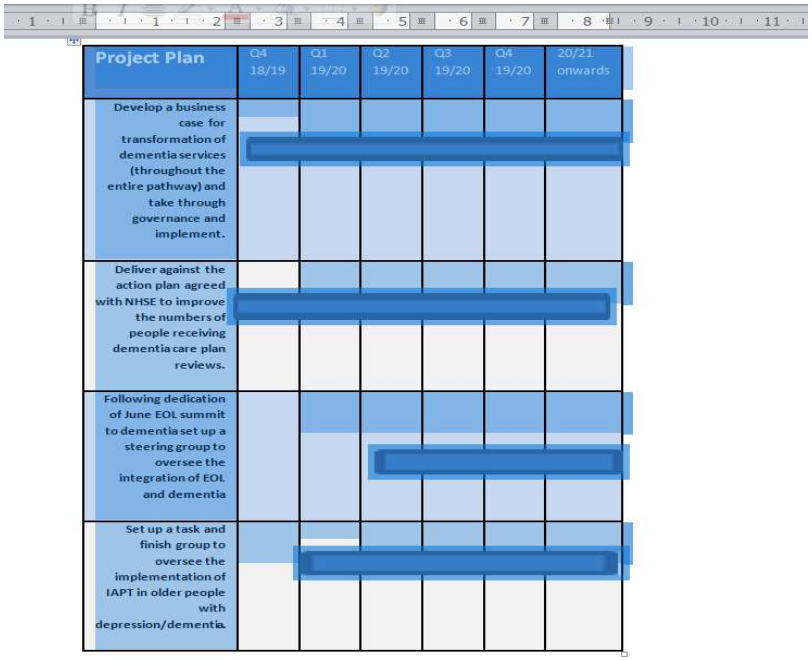
Outcomes and benefits

- A prevention focus to support early risk awareness and identification
- Access to support at the right time including bespoke treatment; minimum time in secondary care and greater understanding of need.
- Appropriate support mechanisms in place; trusted system and happier and healthier experience for both people with dementia and their carers.
- CCGs' continue to achieve and exceed the national ambition of 66.7% for dementia diagnosis rates and are in the upper quartile nationally for dementia care plan reviews.

Key Risks

- IG
- Staff capacity and investment.
- Engagement with primary care.

Key Projects and Timescales



Costs and Financial benefits

Investments Required: **Savings:**

Investment required: Not known at this stage

CCG Programme: Care pathway for people with personality disorders and high intensity service users

Programme Objective: Effective local planning and implementation of the new care pathway for people with personality disorders and piloting a new dedicated service for people who use local services most intensely

Programme Description

Implementation of a new care pathway for people with a personality disorder is an important part of the STP mental health transformation programme. People with personality disorders, including significant numbers who also have comorbid mental health problems, form a significant proportion of the EPUT secondary care mental health service caseload. The introduction of new evidence based approaches to provide higher levels of support for people with a personality disorder and, critically, staff in primary care and specialist mental health services who work with them has the potential to significantly improve outcomes for these patients. It has now been agreed that the implementation of the new care pathway will start from April 2020, but this will require detailed planning and will build on programmes of work that are already underway for people who are intensive users of local services. On of these projects will commence in August and will focus on providing a new approach to care planning and working with six people who are the most intensive users of local services (including A&E, police and specialist mental health).

Outcomes and benefits

Admission to local inpatient mental health services frequently represents the only viable option currently available when people with a personality disorder present with significant levels of distress. Improving the support available for people in the community is expected to lead to reduced lengths of stay and a reduction in admissions to acute mental health wards.

URGENT & EMERGENCY CARE

STP-wide programme

Programme Objective: **Oversee urgent and emergency care transformation programmes & overview of urgent care performance.**

Programme Description

The STP Strategic Urgent & Emergency Care Board oversees the delivery of improvements in urgent and emergency care provision, as well as transformation programmes to deliver alternatives to A&E, admissions avoidance, improved flow and effective discharge. To deliver the requirements of 2019/20 planning guidance, the focus of work is to:

- Continuing improvements in 111 provision – ensuring >50% of appropriate callers receive a clinical assessment and increasing the number of triaged patients who are booked a face-to-face appointment where appropriate.
- Review and further develop the Directory of Services to ensure <1% of 111 dispositions are "A&E by default"
- Work with providers to reduce unnecessary ambulance conveyance
- Work with the lead commissioner for ambulance services to ensure ambulance response times met and that ambulance service meets baseline digital maternity
- Link with acute hospitals to reduce ambulance handover delays
- Enhancing the capacity of same day emergency care (SDEC) ensuring 30% of current non-elective admissions are treated via SDEC by end of March 2020.
- Continued implementation of Teletracking across three hospital sites to improve patient flow and supporting the reduction in long-stay patients by 40% by the end of March 2020, based on 2017/18 baseline
- Continue progress with reducing delayed transfers of care
- Continued cross-system working at times of pressure (eg. STP "winter room")
- Await outcome of clinical standards review work on A&E waiting time standards

2019/20 Deliverables	
Q1	Delivery of 111 performance (calls answered within 60 secs) Delivery of > 50% callers receiving clinical assessment Clinical review of A&E dispositions from 111 Explore SW Essex roll-out of High intensity user scheme.
Q2	Extended hours for ambulatory – 70 hrs/week each site.
Q3	Extended hours for frailty - 70 hours/week each site.
Q4	Mental health crisis service in place and integrated with 111 Implementation of ESDAR pilot across STP

Note: other transformation schemes also link to the urgent care work stream:

- Development of Community Crisis Treatment Teams
- Working with Newton Europe to define and refine the pathways out of hospital with aim of streaming and ensure capacity = demand
- Implementing the 24/7 Crisis mental health business case to ensure that patients access the right care at the right time.

Board Sponsor: Clare Panniker, CEO, Acute Hospitals

Strategic A&E Board

Delivery Lead: Andrew Pike

ELECTIVE CARE

STP-wide programme

Programme Objective: **Various programmes ensuring delivery of elective care transformation programmes.**

Programme Description

The system has implemented relevant recommendations from the elective care handbooks, including ophthalmology, MSK, and advice and guidance. For 2019/20, the system will continue to embed best practice in these areas and also focus on:

- Continuing to offer patients a choice of provider
- Ensuring that Patients waiting more than 6 months have the option of being seen by an alternative provider (the mechanism for this is being discussed at present)
- Ensuring that waiting lists are maintained at March 2018 levels
- Zero 52 week waits
- Delivery of the system transformation plan to redesign outpatient services
- Ensuring that patients with musculoskeletal issues have access to a physiotherapist as a first point of contact.
- The system awaits the outcome of the clinical standards review work
- Continued work on ophthalmology.

To note: Mid-Essex Hospital has not yet returned to reporting on RTT. The above commitments will need to be carefully reviewed as the Trust returns to reporting.

At the time of drafting RTT recovery trajectories have yet to be agreed between commissioners and providers so deliverables remain to be confirmed.

2019/20 Deliverables	
Q1	Agreement of RTT backlog reduction trajectories and zero 52 week plan for BTUH and SUFT. Outpatient transformation scoping with MSB and CCG Joint Committee
Q2	MEHT community ophthalmology service fully mobilised Review of SE pilot for first contact practitioner. Increase specialities available to provide capacity alerts at point of referral
Q3	Preparatory work for MEHT return to reporting. Improved utilisation of advice and guidance MEHT return to RTT reporting
Q4	Delivery of zero 52 week waits (excluding MEHT)

Board Sponsor: Various

Various (ophthalmology, MSK. Advice and guidance)

Delivery Lead: Karen Wesson

LEARNING DISABILITIES

STP-wide programme: Transforming Care

Programme Objective: [text]

Programme Description

Working with key partners through the LD Health Equalities Partnership Board, the STP is committed to addressing the health inequalities that people with LD and / or Autism continue to experience. The work will focus on ensuring:

- 75% of people with learning disabilities receiving an Annual Health Check by March 2019.
- Improved experience of health services for people with learning disabilities.
- Accessible mainstream health services (Primary, Acute, MH etc.)
- Reduced differences in healthy life expectancy between communities
- Improved health outcomes for people with LD & Autism
- Enhanced quality of life and care for people in inpatient and community settings
- Reduced inappropriate admissions and improved timely, safe discharge
- Personal Health Budgets are offered to people with learning disabilities

The STP has recently re-commissioned the Specialist LD Adult Healthcare service in line with service model described in Building the Right Support and will extend this service, during 19/20, to an "All Age" model. The new service will also work alongside primary, acute and mental health services to support them in making reasonable adjustments to ensure people with LD and Autism have access to the same quality of services as the general population.

The STP will work with Primary Care, the new Specialist LD Health service, and the three Local Authorities to improve the uptake of Annual Health Checks to 75%, and to ensure that people with LD are not being prescribed psychotropic medication inappropriately (STOMP).

The STP is also part of the Essex wide LeDeR programme and will ensure the learning from mortality reviews is used to drive improvements in local health and care services.

As part of the pan-Essex Transforming Care programme, the STP has already reduced the number of in-patients and the number of hospital beds across the partnership. CCGs will continue this programme to ensure that no more than 30 adults per million and 12 to 15 children per million with LD and / or Autism will be cared for in an inpatient facility.

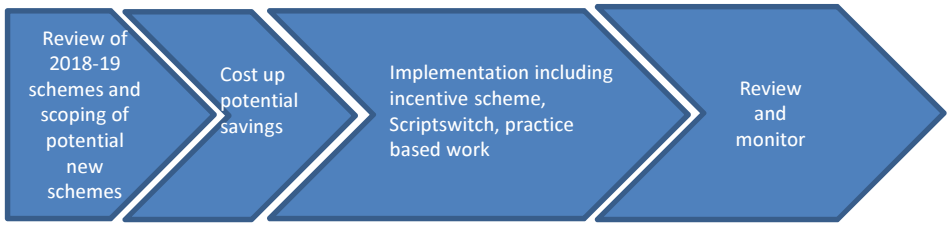
CREATING EFFICIENCIES

CCG Programme: Medicines Management

Programme Objective: To ensure all prescribing is carried out in a safe, evidence based, cost-effective manner using agreed formularies, strategies and engagement.

Programme Description

The project is to build upon and enhance previous successful schemes.



Outcomes and benefits

- Maximise Scriptswitch savings
- Support more cost-effective prescribing
- Increase public awareness of self care
- Improved care within care homes

Key Risks

- Buy in from GP practices
- Staffing – a number of pharmacists recently left t0 work in GP practices
- Fluctuating medicine costs

Key Projects and Timescales

Scriptswitch
Contract in place for 1st April
Monthly monitoring to ensure delivery
Prescribing Incentive Scheme
Targets agreed by April 2019
Practice visits to be completed for outlier practices by June 2019
Monthly monitoring and sharing with practices

Care Homes
Link with Essex pilot
Recruitment of staff (March-April 2019)

Over the Counter Medicines
Continue to support practices with public communications (ongoing)
Monthly monitoring

Limited Value Medicines
Review new proposed list
Maximise new agreement with BUHT (1ST QTR 2019)

Costs and Financial benefits

Investments Required: tbc **Savings:** £1.7m CPR, £1.6m Southend

RightCare Executive Lead: Mark BarkerOperational Lead: Jenni Speller Clinical Lead:

CCG Programme: [RightCare]

Programme Objective: To further develop, refine and embed our use of the RightCare Delivery methodology.

Programme Description

The NHS RightCare programme aims to improve care and reduce unwarranted variation. Its delivery methodology is based around three simple principles ;

- **Diagnose** the issues and identify the opportunities with data, evidence and intelligence
- **Develop** solutions, guidance and innovation
- **Deliver** improvements for patients, populations and systems

https://www.england.nhs.uk/rightcare/what-is-nhs-rightcare/

Outcomes and benefits

The CCGs must maintain a continuous list of improvement opportunities to ensure that QIPP requirements can be met each year. An effective RightCare Programme will support us to do this.

Key Risks

Tbd

Key Projects and Timescales

Detailed Programme plan and governance arrangements being developed with NHS England RightCare Delivery Lead. Key 19/20 objectives are :-

- **Implement national priority initiatives** for **cardiovascular** and **respiratory** conditions
- **Address variation and improve care** in at least one additional pathway
- **Implement a High Intensity User support offer** for demand management in urgent and emergency care
- **Work with GPs using NHS RightCare data** to identify opportunities and outliers and increase the focus on the development of primary care service to further reduce referrals and follow-ups

Costs and Financial benefits

Tbd

Continuing Health Care Executive Lead: Tricia D'Orsi Operational Lead: Matt Gillam Clinical Lead: Mark Metcalfe

CCG Programme: Continuing Health Care

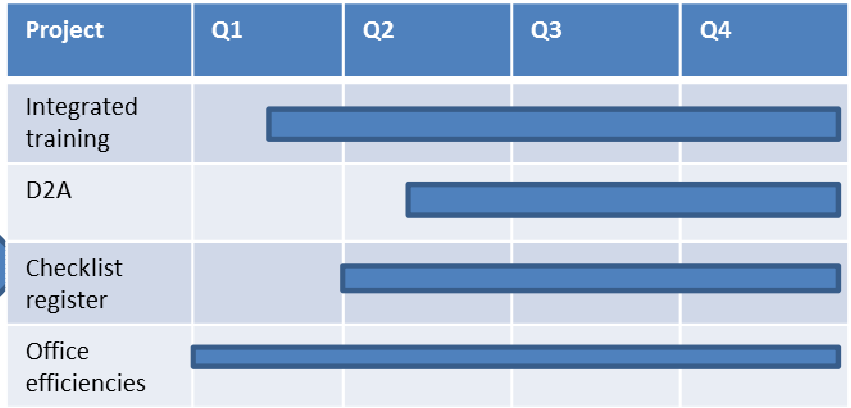
Programme Objective: To establish mechanisms to ensure people are only assessed against the eligibility criteria for NHS funded Continuing Healthcare when they are at their optimum. To establish greater whole system understanding of CHC and to ensure robust and timely review and monitoring for NHS funded cases, to ensure an equitable approach to delivery of care which is free at the point of delivery.

To explore commissioning opportunities in the community, which will support the deteriorating patient and thus reduce the incidences of hospital attendances and the general reliance of NHS funded CHC.

Programme Description

Integrated Training and Education programme
Discharge to Assess
Checklist Practitioner register
Office Efficiencies

Key Projects and Timescales



Outcomes and benefits

Greater awareness of CHC eligibility criteria
Reduced undertaking of CHC assessments in inappropriate environment
Greater opportunity to support patient recovery pathway, prior to assessment
Greater accountability of CHC assessment processes
Improved timeliness of CHC assessments and outcome notification

Costs and Financial benefits

Investments Required: Currently being scoped.

Savings: Some savings will be wider system savings, rather than direct CHC spend.

Key Risks

Relationship with Local Authorities and Acute trust
Current workload/staffing levels reduces opportunities to undertake training programme

Workforce Executive Lead: Charlotte Dillaway Operational Lead: Michelle Angell Clinical Lead: Kate Barusya

CCG Programme: 20% Reduction on Running Costs

Programme Objective: [Reduce running costs by 20% by 2021]

Programme Description

Undertake a review of all running costs and identify savings linked to running costs.

Outcomes and benefits

- Meet national reduction in running costs standard.
- Ensure all contracts meet value for money requirements.

Key Risks

- Insufficient capacity to deliver key objectives.

Key Projects and Timescales

Project	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	2020 onwards
Utilities Review all utilities and look for savings					
Estates Savings Review estates utilisation and identify potential savings					
Procurement Contract Undertake options appraisal of procurement provision – contract up for renewal Sept '19					
Structure Review existing vacancies/ways of working					

Costs and Financial benefits

Investments Required: None

Savings: 20% against running costs by 2021 (£750k per CCG)

3, Our Enablers

Enabling programmes

Finance

Communications & Engagement

Technology

Estate & Infrastructure

Data & Information

Workforce

Achieving Financial Sustainability

Finance – Castle Point & Rochford CCG

- We have produced a base budget/financial plan for 2019/20, supporting the delivery of the key financial metrics under which we are measured by NHS England and enabling the delivery of the strategic direction agreed by the Governing Body. These financial plans include a detailed annual plan by service type, coupled with details of annual QIPP schemes and investments. The Plan is consistent with the strategic direction of the Sustainability and Transformation Plan.

- The plans enable us to deliver on all of our targets and the underpinning activity and assumptions are being triangulated with Southend CCG for our main acute contract, along with the SUHFT, with whom we remain in a block contract arrangement for 2019/20.

- Our financial plan meets the requirements of the recently published planning guidance and complies with NHS England's "business rules", under which the CCG is obliged to operate.

- The plan now exceeds the requirements of the Midlands and East published control totals, by generating a surplus of £579k, in line with regionally agreed contributions to help support the financial pressures faced within the Cambridge & Peterborough for 2019/20.

- **Current Position and Key Issues**
- *Resource Allocation* - Movements in our recurrent allocation from 2018/19 to 2019/20 are included within the table below:

Allocation Type	18/19	19/20
Total Programme Allocation	233,332	247,026
Total Running Costs Allocation	3,882	3,883
Total Primary Care Co-Commissioning Allocation	23,587	24,311
GRAND TOTAL ALLOCATION	**260,801**	**275,220**

Our overall movements in relation to our 2019/20 allocation as follows;

- Programme growth of 5.9%
- Primary Care Co-Commissioning growth of .1%
- Running costs, no material change.
- Overall allocation growth of 5.5%

Finance – Castle Point & Rochford CCG

2019/20 Expenditure - The following table details, by service type, our financial plans for 2019/20. (Fuller detail is available on request)

TOTAL ALLOCATION	**275,220**
Expenditure	**19/20 Plan £k**
Acute Services	141,916
EEAST Services	7,923
Mental Health Services	19,175
Community Services	10,087
Continuing Care Services	14,518
Prescribing	29,373
Other Primary Care Services	3,024
Primary Care Co-Commissioning	24,311
BCF	11,718
Other Programme Services	8,139
Running Costs	3,486
Contingency Reserve	1,376
Unidentified QIPP	(406)
TOTAL EXPENDITURE	**274,641**
Surplus/(Deficit)	**579**

Reserves Utilisation - We have established a 0.5% contingency reserve, in line with national guidance, along with a cost pressure reserve, both of which give mitigation against any financial pressures encountered in-year.

Expenditure can only be authorised from reserves with express agreement of the Chief Finance Officer and must demonstrate value for money.

QIPP Challenge – Castle Point & Rochford CCG

- The CCG has an £8.3 million gross QIPP target for 2019/20, equating to 3% of allocation.
- The table below details the QIPP schemes for 2019/20. We are confident of meeting our 2019/20 QIPP challenge and we have identified the work streams and service line savings which we will be aggressively pursue to ensure we deliver our statutory financial obligations. The summary table below sets out the current level of identified QIPP by contract/service area.
- Our overarching aim is to focus on closing the current planning gap, whilst working to identify a QIPP programme of at least 20% higher than the QIPP target, thus ensuring that there is mitigation against any slippage or under delivery.
- The Rightcare programme in 2019/20 will be a key component of QIPP and Transformation Plans.

Summary of QIPP Schemes

Expenditure Category	QIPP Value (£k)
Acute Services	4,681
Continuing Care Services	1,000
Prescribing	1,712
Other Programme Services	65
Running Costs	400
Planning Gap	406
GRAND TOTAL	**8,264**
Aspirational Headroom Target (20%)	**1,653**

2019/20 QIPP Projects - Castle Point & Rochford CCG

Project	Net QIPP Saving £000	Status
FYE of 18/19 schemes	1,045	Delivered
Evidence Based Interventions – MSB	811	Delivered
High Cost Drugs – SUHFT/EPUT/MEHT	726	Delivered
Avastin	84	Delivered
Garfield House	65	Delivered
Prescribing	1,712	In progress
Decommission / recommission acute to community	1,000	In progress
CHC Assessments Review	450	In progress
Running Cost Efficiencies	400	In progress
Evidence Based Interventions – Non MSB	302	In progress
Follow Up – Outpatients	300	In progress
Use of Hilton Nursing Services (Pilot)	250	In progress
Development of hospice partnerships	150	In progress

Project	Net QIPP Saving £000	Status
Extend PHB Focus	150	In progress
Working Age Adults	100	In progress
LPTP Acute Review	100	In progress
Outpatient – Primary Care	58	In progress
0-4 Paediatric Clinics	55	In progress
Minor Ops Review	50	In progress
Wound Care	50	In progress
CHC Office efficiencies	-	Scoping
Standardising Primary Care	-	Scoping
Review of payments	-	Scoping
MSK	-	Scoping
MSK – Rheumatology	-	Scoping
Rawreth and Clifton	-	Scoping

Finance – Southend CCG

- We have produced a base budget/financial plan for 2019/20, supporting the delivery of the key financial metrics under which we are measured by NHS England and enabling the delivery of the strategic direction agreed by the Governing Body. These financial plans include a detailed annual plan by service type, coupled with details of annual QIPP schemes and investments. The Plan is consistent with the strategic direction of the Sustainability and Transformation Plan.

- The plans enable us to deliver on all of our targets and the underpinning activity and assumptions are being triangulated with Southend CCG for our main acute contract, along with the SUHFT, with whom we remain in a block contract arrangement for 2019/20.

- Our financial plan meets the requirements of the recently published planning guidance and complies with NHS England's "business rules", under which the CCG is obliged to operate.

- The plan now exceeds the requirements of the Midlands and East published control totals, by generating a surplus of £610k, in line with regionally agreed contributions to help support the financial pressures faced within the Cambridge & Peterborough for 2019/20.

- **Current Position and Key Issues**
- *Resource Allocation* - Movements in our recurrent allocation from 2018/19 to 2019/20 are included within the table below:

Allocation Type	18/19	19/20
Total Programme Allocation	245,794	260,733
Total Running Costs Allocation	3,919	3,933
Total Primary Care Co-Commissioning Allocation	24,764	25,575
GRAND TOTAL ALLOCATION	**274,477**	**290,241**

Our overall movements in relation to our 2019/20 allocation as follows;

- Programme growth of 6.1%
- Primary Care Co-Commissioning growth of 3.3%
- Running costs, no material change.
- Overall allocation growth of 5.7%

Finance – Southend CCG

2019/20 Expenditure - The following table details, by service type, our financial plans for 2019/20. (Fuller detail is available on request)

TOTAL ALLOCATION	**290,241**
Expenditure	**19/20 Plan £k**
Acute Services	137,323
EEAST Services	9,497
Mental Health Services	29,350
Community Services	10,802
Continuing Care Services	23,166
Prescribing	28,282
Other Primary Care Services	3,117
Primary Care Co-Commissioning	25,575
BCF	12,604
Other Programme Services	5,180
Running Costs	3,519
Contingency Reserve	1,451
Unidentified QIPP	(235)
TOTAL EXPENDITURE	**289,631**
Surplus/(Deficit)	**610**

Reserves Utilisation - We have established a 0.5% contingency reserve, in line with national guidance, giving mitigation against any financial pressures encountered in-year.

Expenditure can only be authorised from reserves with express agreement of the Chief Finance Officer and must demonstrate value for money.

Communications & Engagement

- *NEW* CCG Communications and Engagement Strategy for 2019-21.

- The strategy builds on the development and successes of previous communications & engagement strategies, as well as learning from feedback from independent reports such as the 360 stakeholder survey, internal effectiveness surveys, staff surveys and the Impact Assessment Framework Patient and Community Indicator.

- It also considers how we can benchmark our achievements and our work, providing a framework to enable people to check how successful we have been in our aims.

- Strengthened internal processes to embed public involvement in the CCGs work to ensure the patient voice is integral to the commissioning cycle.

TECHNOLOGY

STP programme

Programme Objective : Digital Transformation

Programme Description

System partners have agreed a specification and business case to access NHSE funding on provider-led digitalisation. The system has prioritised the development of an integrated shared care record. A preferred provider has been identified and a memorandum of understanding will be in place across key partners. During 2019/20 detailed implementation will take place, involving service users and professionals from across health and social care.

This work links closely with the ambition to develop our approach to population health management and prevention as the (anonymised) data from the shared care record will provide opportunities to segment and target interventions in a more structured and evidence-based manner.

The STP is partnering with neighbouring STPs on the LHRCE programme (led by Suffolk and North East Essex ICS).

Through the STP Digital 2020 Board, a refresh of the digital strategy will be undertaken, to ensure the system is prioritising relevant digital transformation priorities and meeting new requirements outlined in the GP contract reform relating to digital capability and competence of practices, and digital access for patients.

2019/20 Deliverables	
Q1	Local implementation of NHS App (connection date 27/5/19) Review membership and ToR of STP Digital Board. Define programme plan for Shared Care Record Implementation. Discussion on LHRCE programme with neighbouring STPs
Q2	Contractual requirement for all practices to make at least 25% of appointments available for on-line booking Commence implementation of Shared Care Record.
Q3	Local preparation for GP IT Futures implementation from 1 January 2020 Local preparation for Primary Care Enabling Services implementation from 1st October 2019
Q4	On-line consultation software to be made available to every practice

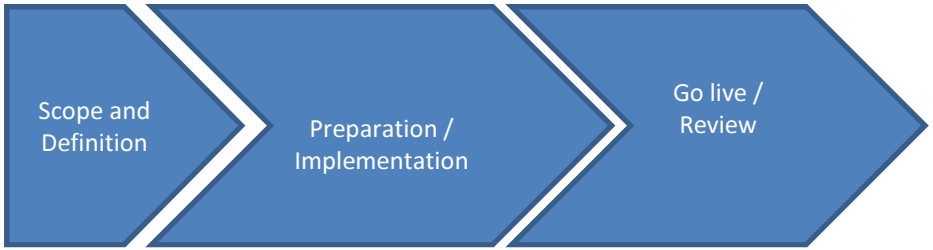
TECHNOLOGY

CCG Programme: IT: Preparing for the future

Programme Objective: [To build on CCG corporate IT infrastructure and plan for the future in procuring fit for purpose services]

Programme Description

To ensure IT platform is expanded and that contracts are in place as required for all services



Key Projects and Timescales

Projects	Q1 – Q2 19/20	Q3-Q4 19/20	Q1 – Q2 20/21	Q3-Q4 20/21	2021 Onwards
Falsified Medication Directive					
AGEM Migration Phase 2					
AGEM Migration Phase 3					
CCG / GP Practice Agreements					
GPSoC / GP Futures Procurement / Mobilisation					
PCES Procurement / Mobilisation					

Outcomes and benefits

- GP practices compliance with Falsified Medication Directive.
- CCG Corporate estate upgraded to Windows 10 before support for Windows 7 ends in January 2020 and start utilising Office 365
- Agreements in place with every GP practice in line with the GPIT Operating Model
- Contracts in place for GP Clinical Systems beyond GPSoC
- PCES procured for Primary Care Contractors beyond regional contract expiry.

Costs and Financial benefits

Investments Required: None **Savings:** None

Key Risks

- Insufficient capacity to deliver key objectives.

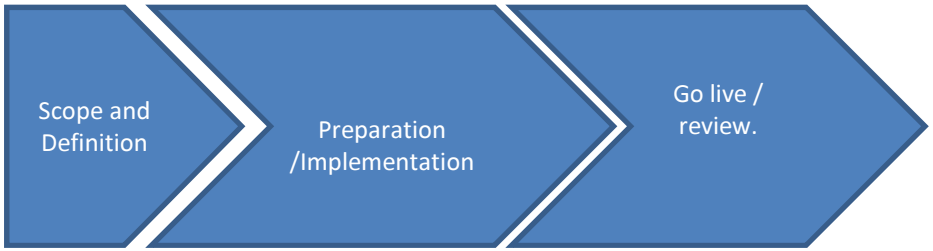
IT: Improve Primary Care IT Provision Executive Lead: Charlotte Dillaway Operational Lead: Peter King Clinical Lead: Taz Syed

CCG Programme: IT: Improve Primary Care IT Provision

Programme Objective: [To improve core IT provision within GP practices]

Programme Description

To ensure compliance with the GPIT Operating Model and improve core IT provision within GP Practices



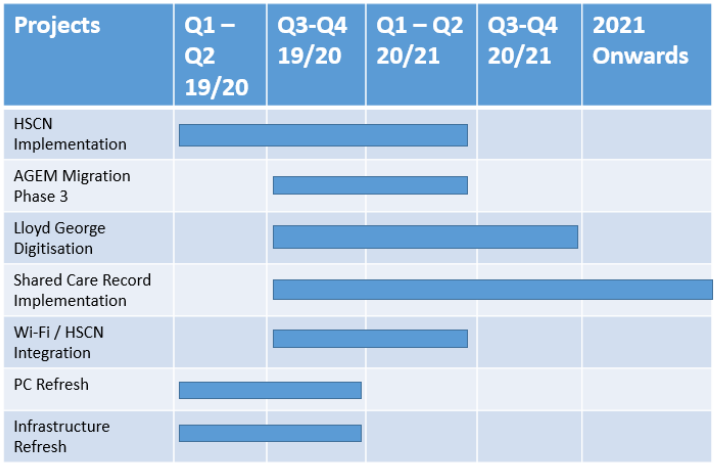
Outcomes and benefits

- N3 replaced with HSCN giving better connectivity and reducing cost
- PCs compliant with GPIT Operating Model and upgraded to Windows 10 prior to support ceasing for Windows 7 in January 2020
- Notes digitised to maximise estates utilisation

Key Risks

- Insufficient capacity to deliver key objectives.

Key Projects and Timescales



Costs and Financial benefits

Investments Required:
STP Capital plan of £1m

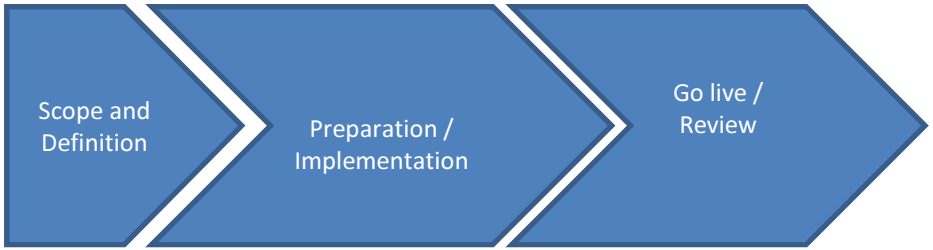
Savings:
HSCN completion will reduce running costs

CCG Programme: IT: Local Projects

Programme Objective: [To deliver IT enablers within local projects]

Programme Description

To ensure IT change / transformation occurs as an enabler of other workstreams



Outcomes and benefits

- Local projects completed
- Working lives improved
- Better access to Primary Care
- Cost savings from changing from ISDN to SIP
- Greater efficiency with electronic letters and system wide cost saving in postage

Key Risks

- Insufficient capacity to deliver key objectives.

Key Projects and Timescales

Projects	Q1 – Q2 19/20	Q3-Q4 19/20	Q1 – Q2 20/21	Q3-Q4 20/21	2021 Onwards
Krishnan / Sathanandan Merger					
Valkyrie Surgery Expansion					
Clevertouch / Skype					
CHC Surface Pro Deployments					
Dr Zaidi Refurbishment					
Corporate Hardware Refresh					
GP Mobile Working					
St Lukes Refurbishment					
Castle Road SIP Lines					
Highlands SystmOne migration					
A&E Electronic Discharge Letters					

Costs and Financial benefits

Investments Required: **Savings:**

Estates & Infrastructure

WORKFORCE

STP Programme: Workforce

Programme Objective: [text]

Programme Description

Working through the Local Workforce Action Board, and with funding provided by HEE, the system is taking steps, through innovative programmes, to attract new staff and retain existing. This includes:

Development of an innovative newly qualified nursing preceptorship programme
An innovative GP workforce programme including supporting practice resilience, working with newly qualified GPs and practice nurses, EU recruitment and working with those at the end of career to support on-going, flexible working.
Development of baseline system workforce data, enabling a pilot for system workforce planning.
Participation as a national pilot site for the NHS Leadership Academy High Potential scheme recognising the need to develop leaders who are able to collaborate across traditional organisational boundaries and lead effectively to address complex challenges. This scheme will also look to increase the diversity in the cadre of our future leaders.
A wide-ranging OD and leadership offer for the system to attract talent, develop staff and support system-working.

The **focus for 2019/20** will be to use HEE/national funding to focus on a small number of high impact programmes. This will include:

Undertake market research on recruitment – how to attract staff to work/return to work in mid and south Essex, enabling targeted campaigns with proven impact
Development of a joint health and care workforce strategy (awaiting the national workforce strategy)
Develop a STP Leadership hub to manage and coordinate the various OD and personal development opportunities available to the system to support the STPs ambitions.
Focussed development of hybrid roles to support health and care provision.
Develop a detailed mental health workforce strategy to deliver requirements of the MHFV and Long-term Plan commitments.
Continue the work of the GP training hub to support the primary care strategy and delivery of the GPFV

WORKFORCE

STP Programme: Workforce

Key Risks

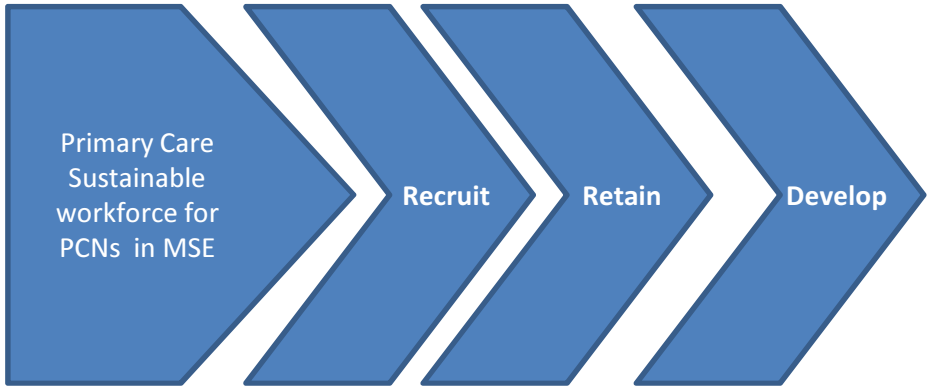
- Securing a sufficient workforce is a challenge for all aspects of the system.
- Key Risks:
  - High vacancy rates and long-term vacancies across all sectors.
  - High agency use resulting in potential quality risks and cost pressures
  - Impact of high agency use on continuity of care, discharge planning, etc.
  - Impact of removal of the nursing bursary
  - Ageing workforce profile (particularly in primary care and mental health)
  - Leaving the EU – across all sectors, but particularly in domiciliary care market and care homes
- Individual providers, and the GP workforce hub, have detailed workforce plans, aimed at addressing gaps; there is also coordinated work through the STPs LWAB (see over).
- The national workforce strategy is awaited.

WORKFORCE

CCG Programme: Workforce

Programme Objective: [text]

Programme Description



Outcomes and benefits

- Sustainable workforce with correct skill mix
- Increase number of appointments for patients
- Decrease in burnout
- 15 min - Patients see right person at the right time –less visits

Key Risks

- We fail to recruit or retain
- Staff do not find development opportunities attractive
- Workforce does not meet the need of the population

Key Projects and Timescales

GP Retention -2019/20
GP Recruitment -2019/20
GPN Retention & Recruitment -2019/20 (GPN 10 PP)
Apprenticeships for Primary Care -2019/20
Tier 2 Visa Support – establish support by May 2019
International Recruitment – 2019/20
CPD/ACP Development Programme 2019/20
Recruit AHPs – 2019/20
Recruit Social Prescribers – 2019/20
Recruit/retain and develop admin roles
15 min Pilot – Pilot to report - June 2019
Maternity Keeping in Touch Days Pilot -2019/20
First5 Champions launch – July 2019
Adapt website for Single Point of Access – September 2019
Develop Portfolio & Fellowships Programme - start Aug 2019

Costs and Financial benefits

Investments Required:

- GP Retention fund from NHSE 2019/20
£ 132,975
- GPRISS B/F approx. £300k

Savings:

Nil

DATA & INFORMATION

Population Health- Executive Lead: Director of Partnerships and Integration – CPR Operational Lead: Jenni Speller Clinical Lead:

CCG Programme: [Population Health]

Programme Objective: To implement a Population Health approach .

Programme Description

The CCGs are working to establish a programme of Population Health Management (PHM) along with colleagues in the South East Essex Partnership and across Mid and South Essex.

Delivery of these new service models will be strongly linked to the development of PCNs, and integrated health and care locality models.

Outcomes and benefits

Tbd – at system, population and individual level

Key Risks

Tbd

Key Projects and Timescales

Detailed programme plan to be developed. Three stands of work are underway:-

1.Developing a whole system PHM Programme across Mid & South Essex – Led by Peter Fairley , Director, Strategy, Policy & Integration (People) , ECC

2. Developing our PHM Intelligence Approach in South East Essex – Led by Alison Foster, Joint Transformation Analyst, PMO

3. Implementing the AGEM Risk Stratification Tool – Led by Jennifer Speller, AD Primary Care /AGEM

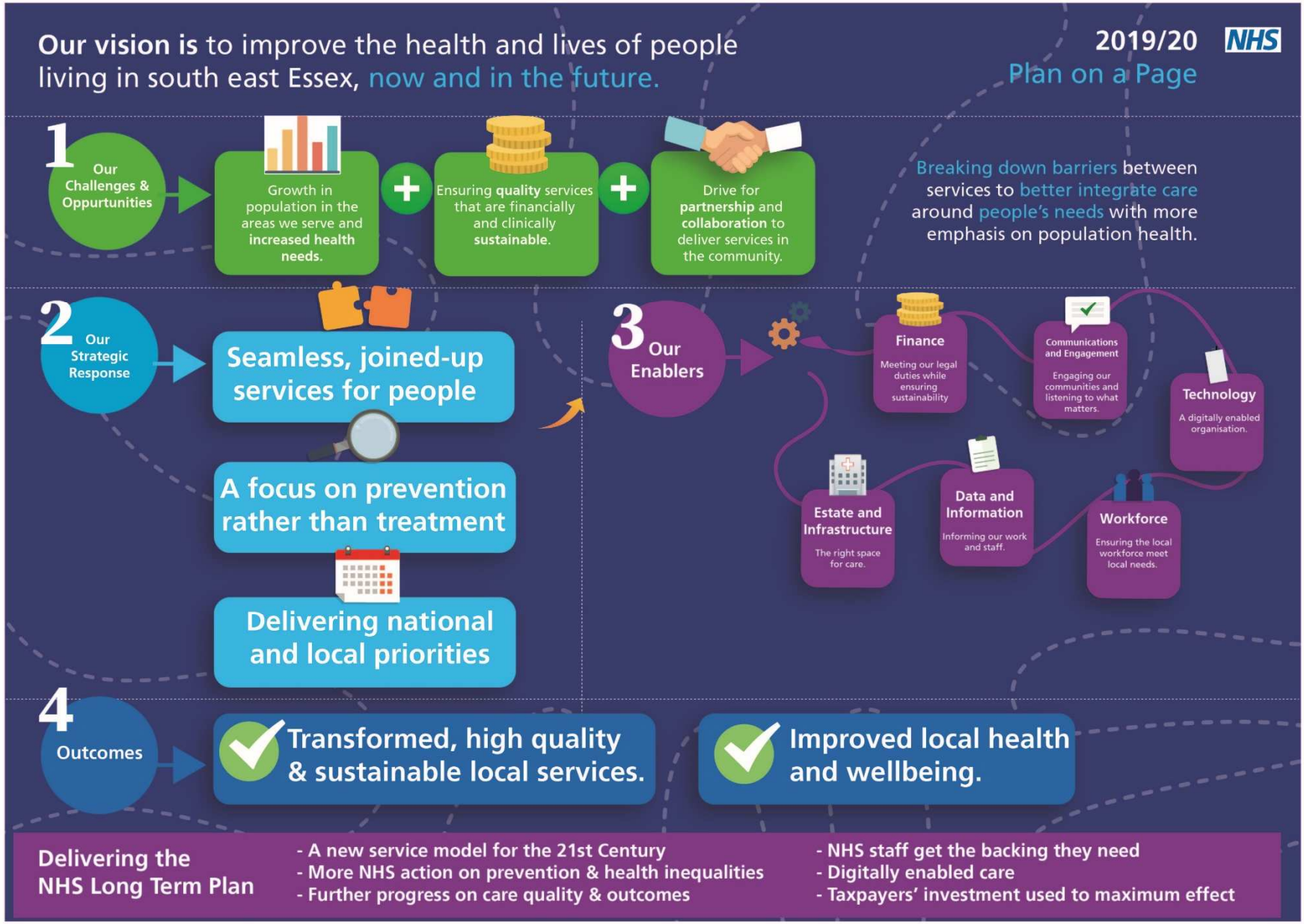
Costs and Financial benefits

Tbd

4,
Outcomes

Outcomes

Plan on a page: south east Essex



STP-wide Enabling Programmes

Workforce

Support the development of a health and care workforce fit for the needs of our population.

Lead OD initiatives across the STP.

Board Sponsor: Sally Morris, CEO, EPUT

Local Workforce Action Board + Sub-groups

Delivery Lead: Phil Carver, HEE

Estates

Deliver on the STP Estates Strategy, making best use of estate and supporting planning and delivery of new facilities.

Board Sponsor: Caroline Rassell , AO Mid-Essex CCG, SRO Local Health & Care

STP Estates Forum

Delivery Lead: Kerry Harding

Digital

Oversee delivery of the agreed STP digital strategy.

Oversee implementation of the shared care record.

Board Sponsor: John Niland, CEO, Provide

Digital 2020 Board

Delivery Lead: Martin Callingham

STP-wide Activity Assumptions

- The commissioners and MSB group have submitted activity plans for 2019/20. The activity growth uplifts are shown in the table below and reflect national planning guidance regarding growth:

Point of Delivery	SUFT Growth %	BTUH Growth %	MEHT Growth %
A&E	3.40	4.50	4.70
First OP	2.70	1.00	3.10
Follow-up OP	2.80	1.00	4.10
Elective Totals	-	3.80	-
Daycase Totals	2.00	2.60	4.60
Emergency Excluding Zero LOS Totals	2.00	4.50	1.80
Emergency Zero LOS Totals	5.50	0.30	1.80

- These growth numbers have been provisionally agreed for the current plan, at the time of writing MSB Group has a view that the BTUH activity will be higher growth. The MEHT and SUFT agree on the growth assumptions.

- It is important to emphasise that RTT recovery trajectories have not yet been agreed between commissioners and providers and so these figures are subject to change; the CCG position included level of activity for RTT backlog clearance, and impact of Evidence Based Interventions, however the MSB Group position did not include this. Activity changes as a result of IR allocation movements were not reflected by CCG or MSB Group in this submission. These discussions are ongoing and will continue beyond the submission of the draft operational plans.

STP-wide Activity Assumptions

- Activity assumptions must also be set against the STP financial objectives of
    - Living within the Annual Plan budgets for 2019/20;
    - Supporting the delivery of STP Control Total ;
    - All contracts signed-off by 21st March 2019;
    - Supporting the system wide savings programme
    - Enabling cultural change to facilitate more collaborative working across the system
- Activity shifts associated with clinical reconfiguration changes have not been included until the terms of reference and the timeline of the referrals to the Secretary of State by Southend on Sea Borough Council and Thurrock Council have been confirmed. For the draft plan submission Activity shifts associated with the clinical reconfiguration set out in the acute reconfiguration plan in respect of Urology, Interventional radiology, vascular phase 1, Trauma and Orthopaedics phase 1 have not been modelled

STP-wide Capacity Planning

Urgent Care, Winter Planning:

- The STP adopted a model of closer working through winter to ensure shared understanding and mutual aid where possible. This process was managed through the establishment of winter resilience rooms at both STP and local hospital/system, jointly staffed by health and social care partners to pick up issues, maintain up to date information and ensure system grip. Lessons from this approach will be considered to support the development of the 2019/20 winter plan.
- All three Trusts implemented Teletracking in 2018/19 and will continue to embed the system to continue to drive improvements in flow by maximising the use of Teletracking as the key enabling tool.

Elective Care:

- **Basildon**
- RTT recovery activity is planned to return to and improve on the Trust waiting list size as at March 2018 position (subject to agreement with commissioners regarding backlog clearance). There will be more focus on the use of virtual clinics by increasing the utilisation of the Advice & Guidance service and telephone results clinics to manage demand on Outpatient clinics. 52 week breach risks are monitored weekly and the Trust does not expect to report 52 week breaches in 2019/20.
- **Southend**
- RTT recovery activity is planned to return to and improve on the Trust waiting list size as at March 2018 (subject to agreement with Commissioners re backlog clearance). There will be more focus on the use of virtual clinics by increasing the utilisation of the Advice & Guidance service and telephone results clinics to manage demand on Outpatient clinics. The introduction of ophthalmology community pathways will provide additional capacity to continue to improve the ophthalmology position. Pathways are currently being developed for gastroenterology and neurology. Urology remains a pressure point.
- The Trust will implement the recommendations from the NHSI review of RTT. It has identified two key issues to address to ensure there are no 52 week waits from March 2019 which are to improve validation and clinical decision making. Delivery of these will be monitored through the weekly Planned Care Board.

STP-wide Capacity Planning

- **Mid Essex**
- The Trust is not currently reporting RTT data. A provisional return to reporting date of September 2019 (August 2019 data) has been set. The Trust has developed a return to reporting action plan and has committed to reduce the number of 52 week waits to zero in line with national guidance apart from a few challenged specialties. Ongoing workforce issues at MEHT create an on-going challenge to ensure he provision of elective case operations are completed as planned

High Level STP System Transformation Schemes

Scheme	Ambition/Potential Opportunity	Identified Lead
Outpatient transformation	Reduce 240k face to face OP appointments over three years in line with PCBC/DMBC; joint work across all msb and CCGs reviewing use of Advice & Guidance, N:FU ratios, C2C referrals across msb sites and specialties; use of email and phone alternatives to face to face appointments; reviewing need for some OP at all.	Clare Panniker, CEO Acute Hospitals
System corporate redesign	Currently assessing scope of programme aiming to create a single PMO to manage system wide efficiencies; this will develop into wider corporate services that could potentially be shared at a cheaper cost to the STP overall. Would welcome support from NHSE with knowledge of other STPs who have adopted this approach.	Andy Ray. Chief Finance Officer, CCG Joint Team
Prescribing/high cost drugs	Opportunity is estimated to be c£2 million reduction, largely due to national changes to biosimilar opportunity.	Sanjeev Sharma & Simon Worrall, Chief Pharmacists msb group and CCG Joint Committee
Cardiovascular disease Diabetes	Right Care Opportunity. Right Care STP data pack of Dec 16 gives overall CVD opportunity of c£5m. Scoping underway to assess feasibility.	Tricia D'Orsi, Chief Nurse, CPRCCG
Cardiovascular disease – Stroke/AF	Right Care Opportunity. Stroke opportunities exist despite referral to SoS for main service reconfiguration. Right Care STP data pack of Dec 16 gives overall CVD opportunity of c£5m. Scoping underway to assess feasibility. Clinical Cabinet is prioritising AF as a programme for 19/20. Support from UCLP under discussion.	Karen Wesson, Director of Commissioning, CCG Joint Team
Respiratory disease	Right Care Opportunity. Implemented myCOPD in 18/19 with limited success. Right Care STP data pack of Dec 16 (most up to date) gives overall opportunity of c£4million. Scoping underway to assess feasibility.	Stephanie Dawe, Chief Nurse, NELFT & Provide
Cancer	Quality and performance initiative primarily including using additional funding available to TCCG for Lung Health Checks. Right Care STP data pack of Dec 16 (most up to date) gives opportunity of c£5.4 million. Scoping underway to assess feasibility.	Karen Wesson, Director of Commissioning, CCG Joint Team

High Level STP System Transformation Schemes cont/

Scheme	Ambition/Potential Opportunity	Identified Lead
Admission avoidance	Developing a common community offering across the STP; initial service specification drafted and will progress in line with common commissioning of community services across CCGs. Will include High Intensity Users – Rightcare estimate opportunity at c£900k across STP if Top 50 A&E users managed in this way. Liaising with Delivery Partner to assess feasibility.	Stephanie Dawe, Chief Nurse, NELFT & Provide
Mental Health crisis care/RAID	Implementing RAID fully across msb sites and introduction of 24/7 crisis service. Business case shared with EPUT for agreement £3 million investment to generate savings in NEL activity.	Mark Tebbs, Director of Mental Health Commissioning
System discharge pathways	Work being developed by ECC; ECC leading procurement of external support for diagnostic work and action planning.	Currently scoping work with local authorities
Avastin prescribing	An ambition of 500k has been identified relating to use of avastin for Wet AMD.	Sanjeev Sharma & Simon Worrall, Chief Pharmacists msb group and CCG Joint Committee
Evidence Based Interventions	Reduction of c. 3,700 procedures with an overall financial value of c£3.2 million according to NHSE EBI data (n.b. NHSE data excludes OP activity which for some procedures is significant e.g. removal of benign skin lesions additional c1,500 procedures at c£200k). Some challenges with quantification of opportunity as NHSE data will not be able to identify patients with prior approval so expectation is for lower figure overall and replicating NSHE methodology gives different numbers.	Donald McGeachy, Medical Director, CCG Joint Team

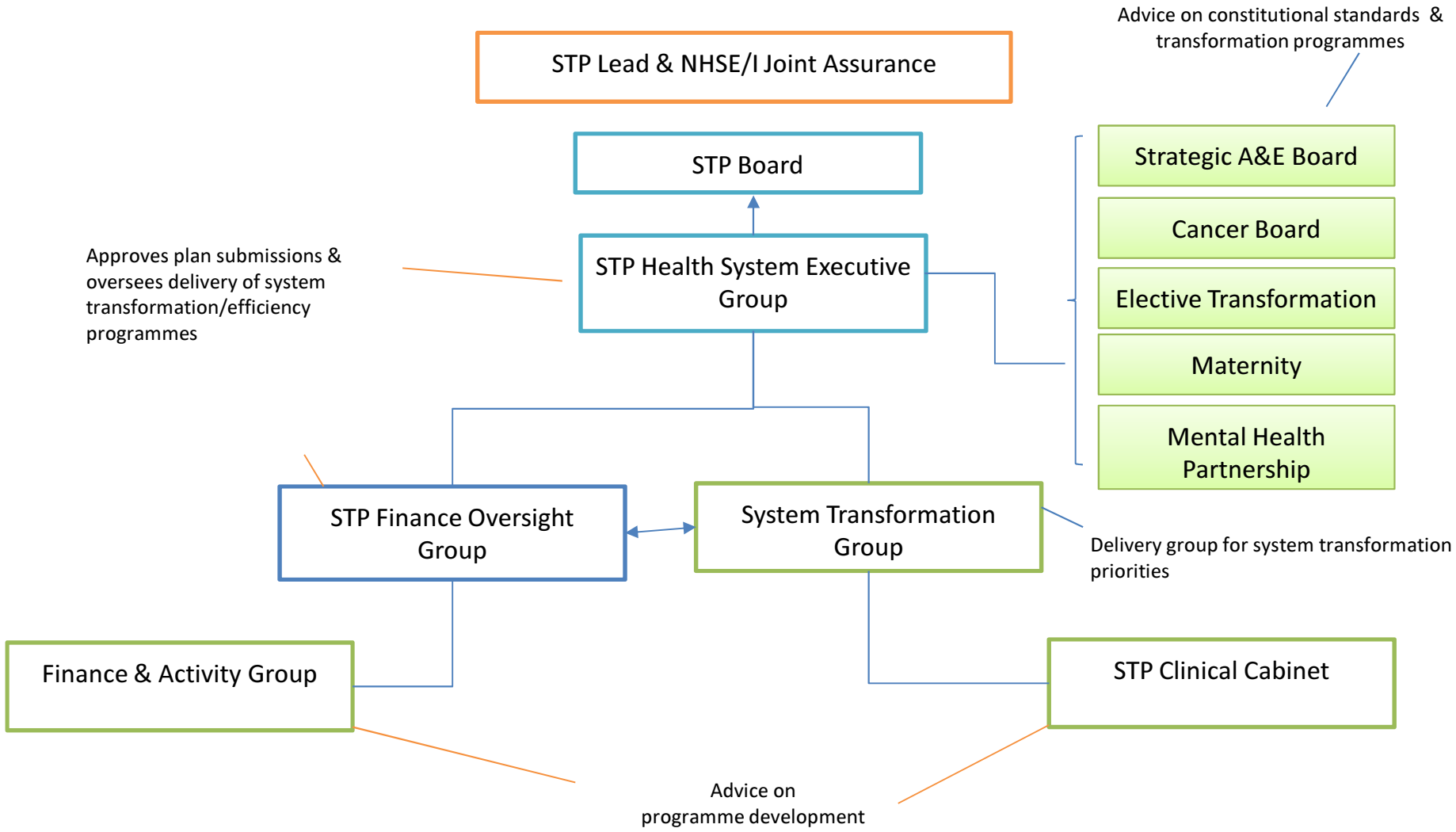
Mid & South Essex STP Governance

The Mid and South Essex STP Board is independently chaired by Dr Anita Donley OBE, and comprises executive representatives from all partner organisations within the STP footprint:

- Acute Hospital Group (Basildon Hospital, Southend Hospital and Broomfield Hospital)
- Local Authorities (Essex County Council, Southend-on-Sea Borough Council, Thurrock Council)
- Clinical Commissioning Groups (Basildon & Brentwood, Castle Point & Rochford, Mid-Essex, Southend and Thurrock)
- Community and mental health providers (Provide, NELFT, EPUT)
- Healthwatch organisations (Essex, Thurrock, Southend)
- Chairs of STP Advisory Groups (see below)

- The Board is supported by the following advisory groups:
  - Clinical Cabinet – a group of senior multi-professional clinicians who provide advice and support to the STP on clinical matters
  - Chairs' Group – comprising the chairs of all partner organisations in the STP including chairs of Health and Wellbeing Boards and Healthwatch
  - Service User Advisory Group – comprising chairs of patient reference groups from CCGs, as well as Trust governors who provide advice and challenge to STP plans
  - Finance Oversight Group – comprising Trust CEOs and the lead AO for the CCG Joint Committee, as well as Finance Directors and the STP Programme Director – the group oversees financial planning for the STP.
- For NHS planning purposes the organisations within the STP footprint are the three acute Trusts, five CCGs and EPUT (71.4%).

Governance for NHS Planning



STP next steps: 2019/20

- The immediate priorities for the STP as a whole are to:

  - Develop a 5 year strategic plan involving all partners:
    - Deloitte is providing support to the STP Board and STP Chairs' Group
    - Discussions with local authorities are under way

  - Resolve STP leadership – this will include:
    - Recruitment of an independent chair (scheduled September 2019)
    - Recruitment of an Executive Lead for the STP (November 2019)

  - Define clear plans for moving to an Integrated Care System and continue to evolve governance arrangements on our journey towards ICS status.

  - Build a single team (comprising eg PMO, change management, finance, BI functions) to support system-wide programmes

  - Investigate further opportunities to share corporate resource across the system in pursuit of best value for money for our residents.

STP: Strategic Programmes

Acute Reconfiguration

Delivery of agreed changes to acute hospital services *

Board Sponsor: Clare Panniker, CEO Acute Hospitals

Acute Portfolio Group

Delivery Lead: Tom Abell

Primary Care & Localities

Oversee delivery of STP Primary Care strategy

Oversee development and function of localities/primary care networks

Board Sponsor: Caroline Rassell , AO Mid-Essex CCG, SRO Local Health & Care

Primary Care Transformation Board

Delivery Lead: Ashley King

Population Health Management & Prevention

Maximise the wealth of data and advanced analytical techniques to improve insights to predict and target interventions to improve health outcomes.

Board Sponsor: Peter Fairley, Director of Integration, Essex County Council

Population Health Management & Prevention Working Group

Delivery lead: TBC

*subject to outcome of Secretary of State referrals

Risks to Delivery

Michelle to add

National Planning Guidance

The planning guidance is aligned to the primary areas within the Mid and South Essex (MSE) commissioning work plan:

- Specialised Services will work with local systems to align spend at a system level. The defined priority work areas for Specialised Services are; cancer treatment, mental health, learning disability and autism, cardiovascular, reducing mortality for critically ill babies, children and young people, long term conditions e.g. hepatitis C, gender dysphoria, genomics and personalised care
- Procedures of Lower Clinical Priority – implementation of national guidance on the “17 interventions” and 18 items which should not be routinely prescribed that have been identified through the national review – see slide 33
- Develop the Clinical Assessment Service and Directory of Services through NHS 111 to reduce directions to A&E – see slide 17
- Delivery of the ambulance standards including handover at A&E – see slide 17

National Planning Guidance

- Urgent and Emergency Care – see slide 17 :

–Type 1 A&E will move to consistent "same day emergency care" (SDEC model to increase the proportion of admissions discharged the same day from 1/5 to 1/3 (without increasing proportion of non SDEC 0 day admissions)

–Improved clinical pathways for most serious illness/injury

–STP/ICS develop robust assumptions and "demand management"

–Reduction in long stay patients (>21 days) and Delayed Transfers of Care

–Continue the redesign of urgent care services including Urgent Treatment Centres

- Referral to Treatment:

–Patients right to choose is protected and providers, or CCGs, must contact patients waiting more than 6 months to offer an alternative provider

- No patient should wait more than 52 weeks and penalties to both providers and commissioners will apply

–Total waiting lists must reduce below the March 2018 starting baseline

–A marked reduction in waiting lists through streamlined care, use of technology and alternative outpatient models

- Productivity and Efficiency

–Reducing variation e.g. Right Care (cardiovascular, respiratory and one area of priority for local determination)

–Developing of robust and affordable estates strategies

–Use of Innovation e.g. flash glucose monitoring will receive a national budget

National Planning Guidance

- Cancer – see slide 40:

–The respective Cancer Alliances (Cheshire and Merseyside and Greater Manchester) will work on behalf of STP/ICPs to oversee and transform services with a continued focus on:

1. The eight cancer waiting time standards
2. Preparing for the 28 day Faster Diagnostic Standard to be introduced in 2020

Learning Disability and Autism

- Continue to reduce reliance on inpatient care
- Annual health check s (75% of people on register)
- Learning from Deaths reviews

Workforce

- Providers workforce plans need to be updated to reflect the latest context and challenges
- Maximise recruitment opportunities and use of bank rather than agency capacity
- Focus on a range of opportunities to improve retention

1.7 National Planning Guidance

- Mental Health ?:

–CCGs must increase investment by the rate of growth in their funding (which must be specifically delivered by the same percentage increase in children and young peoples services)

- Primary Care and Community Services – see slide 14-16 :

–Continued investment including £1.50 for developing primary care networks (PCNs). Networks must be established by June.
–Investment should be greater than CCG overall uplift
–A primary care strategy must be included in the system strategy due by the Autumn
–CCGs will need to undertake internal audits to assure of their discharging of delegated commissioning functions
–STP/ICS must ensure PCNs receive analytics (population segmentation and risk stratification) in order to aid symptomatic and preventative programmes