Five Year Strategic Plan (2014-19)

NHS Thurrock Clinical Commissioning Group

Draft v0.8 05.06.14

The health and care experience of the people of Thurrock will be improved as a result of our working effectively together

Executive Summary

This five year Strategic Plan (2014-2019) builds on the ambitions outlined in our Operational Plan (2014-16) and sets out our long term service vision over the next five years. The CCG Governing Body is committed to providing strong leadership to ensure the delivery of the Outcome Ambitions, NHS Constitution, Health and Wellbeing Strategy, Better Care Fund (BCF) programme, Quality, Innovation, Productivity and Prevention (QIPP) programme and Primary Care Strategy, and thereby embrace the opportunity to improve the lives of some of the most vulnerable people in Thurrock, giving them control, placing them at the centre of their own care and support, and in doing so providing them with a better service and better quality of life.

Our ambitious strategic plan will be delivered through strong partnership working. Firstly, we will further integrate with Thurrock Council both in terms of a commissioning role (underpinned by the BCF) and through the continued integration of health and social care services. Secondly we will work with our member practices to begin the transformation of primary care services forming federations with aligned community, mental health and social services. Finally through partnership working with our citizens and providers, we will help establish high quality and sustainable services across all pathways.

Dr Anand Deshpande
Chair, NHS Thurrock CCG

Introducing Thurrock (1)

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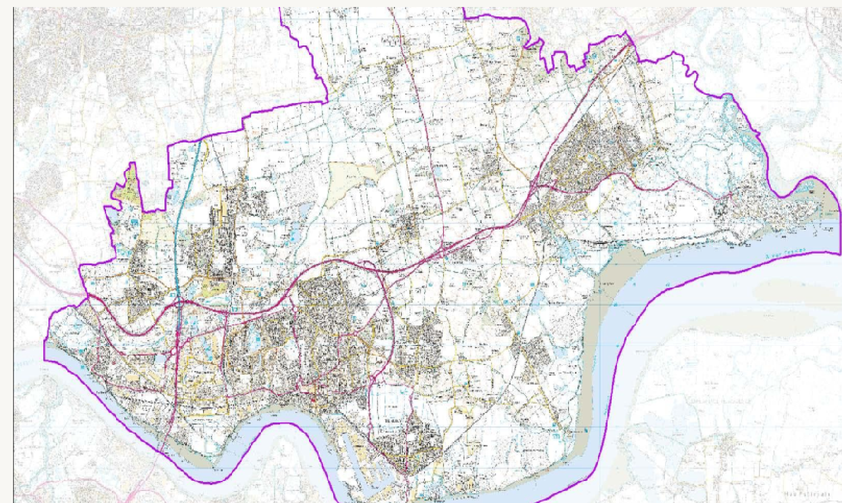
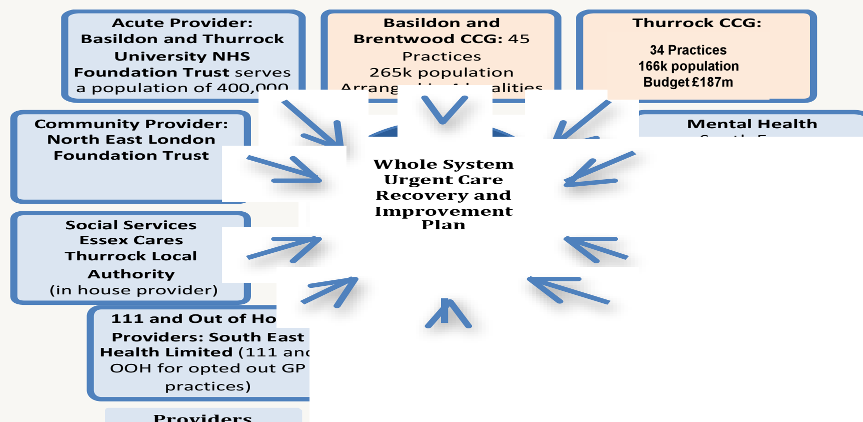
With a population of 157,705 (Census 2011), Thurrock lies on the River Thames to the east of London. Hosted within Thurrock are two international ports that are at the heart of global trade and logistics and is strategically positioned on the M25 and A13 corridors, with excellent transport links west into London, north and east into Essex, and south into Kent.

NHS Thurrock CCG is co-terminus with Thurrock's boundaries and covers a current GP population of 165,996 (1 January 2014) through 34 GP member practices. There are 21 dental practices, 18 opticians' practices, and 32 pharmacies.

Within the Thurrock population the group aged 85 and above is projected to double over the next 20 years and with this in mind the CCG, in collaboration with its partners, is committed to stimulating a diverse market to enable residents to have choice and control over the care they need and how it is delivered; a market where innovation is encouraged and rewarded, and where poor practice is actively discouraged. This is a key part of shaping Thurrock for the future.





Thurrock has four key health providers – North East London Foundation Trust (NELFT) who provide community services, South Essex Partnership Trust (SEPT) who provide mental health services, Basildon and Thurrock University Hospitals NHS Foundation Trust (BTUH) who provide acute and secondary care services and East of England Ambulance Service NHS Trust provide urgent and emergency medical care to people who call 999.

Thurrock also works in partnership with NHS Basildon and Brentwood CCG who like NHS Thurrock CCG, commission services from the same four key health providers in addition to other smaller providers across the South West Essex footprint. The CCGs work collaboratively to improve pathways in view of this shared provider landscape.

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Introducing Thurrock (2)

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Thurrock is currently under-doctored, and 30% of the current Thurrock CCG GP workforce is over the age of 60. A number of the areas with a shortage of GPs are also Thurrock's most deprived areas. This strategy set out how the CCG is working with NHS England and our member GP practices to consider how the Essex Primary Care Strategy can support the CCG in addressing these issues.

With the expected ageing and growth of the population, we can expect a rise in age related disease prevalence and potentially increased demand on health and social care services. Dementia for example is predicted to increase steeply in Thurrock – by 2033 the population aged 85+ is projected to double. Long Term Conditions (LTCs) such as dementia and diabetes are more prevalent in older people with 58% of people over 60 having at least one long term condition compared with 14% of people aged below 40. LTCs account for 50% of all GP appointments and are estimated to account for £7 in every £10 spent on Health and Social Care (King's Fund).

Lifestyle factors are having a significant impact on the demand for health and social care services in Thurrock and will continue to do so unless we are able to at least halt current levels. 22% of Thurrock adults are smokers, with smoking prevalence and smoking-related deaths significantly higher than the national averages. 25.1% of year 6 children and 28.1% of adults are classified as obese – this too is significantly higher than the England averages. These are factors we are addressing through our public health campaigns and through a range of initiatives to develop more resilient communities.

Given the above, we need to ensure that the services we introduce are sustainable and this will only be achieved if we take a new approach by working together with our population to decrease both service reliance and demand eg:

- **working in partnership with communities and citizens themselves to build resilience and make the most of strengths contained within those communities, and**
- **building personal responsibility eg via personal health budgets, information and advice.**

Supplementary public health data on the demographics health needs of the Thurrock population can be found in the Thurrock CCG – Outcome Benchmarking Pack at Appendix 3 and Thurrock Ward Profiles at Appendix 4 which provide JSNA summary information.

Introducing Thurrock (3)

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Thurrock is a unit of planning based around Thurrock Health and Wellbeing Board.

The BCF first draft submission was signed off at the Health and Wellbeing Board (HWBB), CCG Governing Body and Health Overview and Scrutiny Committee (HOSC), and was submitted to NHS England Area Team and Thurrock Council's Cabinet.

There is a South West Essex unit of planning jointly with NHS Basildon and Brentwood CCG (BBCCG), facilitated through:

- Joint post holders
- South Essex Collaborative Meeting
- Unplanned Care Board (UPC Board)

Both the two year operational plan and the five year strategic plan are being co-produced with BBCCG through joint post holders and joint governance, specifically:

- BTUH and NELFT
- Stroke and vascular
- Unplanned care (through UPC Board
- Acute review (and across Essex)

NHS Thurrock CCG chair the South Essex Collaborative meeting; areas of joint planning are:

- Mental Health
- Children's
- Commissioning Support Unit (CSU)

System Vision – Plan on a Page

NHS Thurrock Clinical Commissioning Group

NHS Thurrock Clinical Commissioning Group serves a population of 166,000 across 34 GP member practices. The CCG works closely with partners, notably Thurrock Council to deliver the following vision and objectives:

System Objective One
Reduce the number of people requiring a service response

Teams will be built from geographic GP Federations, promoting clinical and professional leadership in communities and a more holistic intermediate care offer. GPs to be lead professional working with multi-disciplinary team, centred around the patient and focused on early intervention and prevention. Support to include pump priming of £5 per head of population in 2014/15.

More people to receive pre-emptive care in primary care and community based settings.
Resources to move from acute to community settings, with a range of joint budgets and commissioning with Thurrock LA.

System Objective Two
Empower communities to take responsibility for their own health and wellbeing

System Objective Three
Build a whole person approach to the health and care system

The integration of existing community, acute and specialist services to provide comprehensive pathways for designated indications. Such pathways will be evidence based and time limited.

System Objective Four
Bring health and care close to home

System wide **Urgent Care Working Group** and **Better Care Fund (BCF)**, both aimed at reducing unnecessary emergency admissions and developing fully integrated community alternatives across health and social care.
Proactive case finding, with reablement and rehabilitation as the default offer; more acute clinical and social care services moved to the community.

System Objective Five
Ensure people are able to live as independently as possible for as long as possible

BCF to include community nursing services, community beds and reablement in year one expanding to include social care funds for elderly care in following years.

Governance arrangements

System wide arrangements including:

- Thurrock Council and NHS Thurrock CCG overseeing the **BCF**
- **Strategic Leadership Group for Thurrock** (Social and Health Commissioners and Providers)
- **Thurrock Health and Wellbeing Board**.
- **Unplanned Care Working Group**/Access Group
- **BTUH** Executive Group with NHS Basildon and Brentwood CCG
- **QIPP and QIPP Stakeholder**

Measured using the following success criteria

- All organisations within the health economy report a financial surplus in 2014/15 and beyond
- Delivery of the system objectives, inc those in BCF.
- Delivery of the outcome ambitions and constitution

System values and principles

1. Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing
2. Health and care solutions that can be accessed close to home
3. High quality services tailored around the outcomes the individual wishes to achieve
4. A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible
5. Systems and structures that enable and deliver a co-ordinated and seamless response

The health and care experience of the people of Thurrock will be improved as a result of our working effectively together

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Appendix 2: Better Care Fund Plan

Via www.thurrock.gov.uk/admin/content/assets/view/1897

Appendix 3: Thurrock CCG – Outcome Benchmarking Pack

Appendix 4: Thurrock Ward Profiles

Appendix 5: 7-Day Services Mapping

Appendix 6: Primary Care Strategy Action Plan

Appendix 7: “Change One Thing” Summary

Appendix 8a: Terms of Reference for key committee

Appendix 8b: Terms of Reference for ??

Version	Author /Date	Comments
V0.1	Jeanette Hucey 24.02.14	Initial draft
V0.2	Jeanette Hucey 01.03.14	Team input
V0.3	Jeanette Hucey 07.03.14	PPE, Outcomes and, Finance Updates
V0.4	Jeanette Hucey 14.03.14	Finance – Femi Otukoya , and GP Population updates
V0.5	Jeanette Hucey 28.03.14	Updated Governance diagram/Primary Care Strategy Action Plan
V0.6	Jeanette Hucey 03.04.14	Updated Governance diagram/Finance – Ade Olarinde
V0.7	William Guy 29.05.14	Updates in line with feedback
V0.8	Joy Joses 05.06.14	Further proofing and editing

Enquiries about this plan should be directed to NHS Thurrock CCG, Civic Offices , 2nd Floor, New Road, Grays, RM17 6SL.
Mandy Ansell, Chief Operating Officer: mandy.ansell@nhs.net
Ade Olarinde, Chief Finance Officer: ade.olarinde@nhs.net
Jane Foster-Taylor, Executive Nurse: jane.foster-taylor@nhs.net

Section 1

Key Values and Principles

Key Principles

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Since its inception, the CCG has had a strong partnership with Thurrock Council. Both organisations see the BCF and the strong relationship as central to embedding our partnership working and jointly developing a sustainable health and social care system that will deliver on their shared vision for care in the future through five key principles;

- Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing
- Health and care solutions that can be accessed close to home
- High quality services tailored around the outcomes the individual wishes to achieve
- A focus on prevention and timely intervention that supports people to be healthy and live independently as long as possible
- Systems and structures that enable and deliver care in a coordinated and seamless response.

The metrics form a core component of our BCF plan which is fundamental to the delivery of the five year strategic plan.

Our Commitment

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The CCG is committed to:

1. Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care through its well established Commissioning Reference Group and relationship with Healthwatch Thurrock.

2. Wider primary care provided at scale that will be developed through the Primary Care Strategy.

3. A modern model of integrated care through the strong partnership working with Thurrock Council embedded in the Better Care Fund programme and as evidenced by integrated models thus far developed – e.g. Rapid Response Assessment Service (RAAS).

1. Access to the highest quality urgent and emergency care. NHS Thurrock CCG works in partnership with NHS Basildon and Brentwood CCG to ensure that the seven day urgent and emergency care services are integrated into those pathways that support local community needs.

2. A step-change in the productivity of elective care through the development of innovative pathways e.g. musculoskeletal care, and ambulatory emergency care.

Engagement

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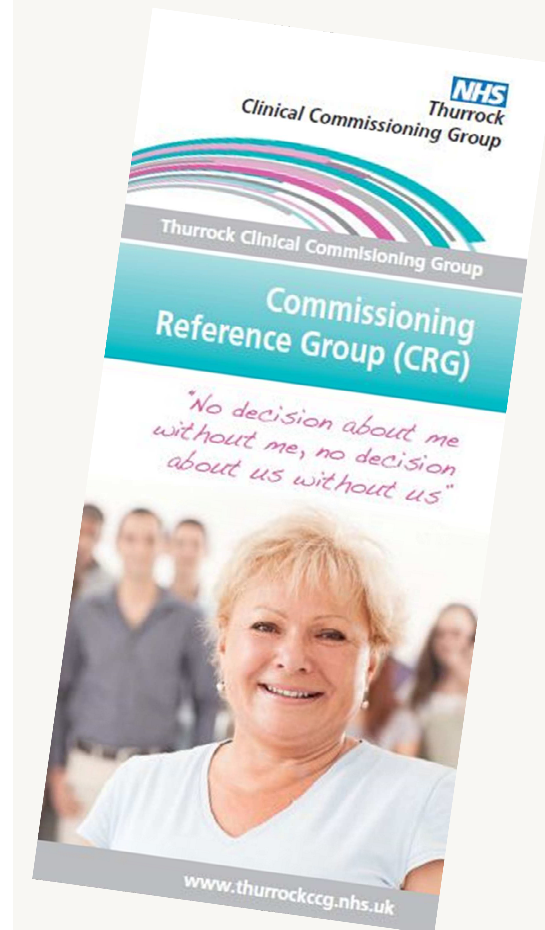
"Citizens are fully involved in service design and patients are given choice, information and fully empowered shared decision making"

"We must put every citizen and patient voice absolutely at the heart of every decision we take in purchasing, commissioning and providing services with a clear focus on maximising the participation of patients and the public." Transforming Participation in Health and Care –NHS England, September 2013.

The Commissioning Reference Group (CRG)'s mission statement – "No decision about me without me, no decision about us without us" summarises the CCG's pledge to involve patients in the commissioning cycle, from inception through to implementation.

Patients and the public will be involved from the initial planning stages of service redesign, and special efforts will be continued to reach out to diverse communities.

"At this time, building on the CRG's good working relationships with the CCG, Council, Healthwatch Thurrock, Thurrock Coalition and CVS, we are jointly producing an agreed engagement and co-production process that will ensure Thurrock citizens are involved and fully engaged on health matters. A statement of engagement will also go to the Health and Wellbeing Board members and stakeholders for agreement in May."
Patient and Public Engagement Lead: Len Green



Engagement

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The CCG is completely committed to involving and engaging with Thurrock residents. Our Call to Action 'Change one thing' debate which took place earlier this year, was aimed at getting patient and public views on local healthcare and asking for their ideas on ways of improving services.

In addition to our well-attended Commissioning Reference Group(CRG), patient participation groups and other specialist health groups, we will also be focussing on involving the new Local Area Coordinators, Community Forums as well as continue to develop innovative new ways for patients and the public to be involved with, and to give their views on the CCG's work.

Key engagement dates and activities:

- Better Care Fund and Five Year Strategy – Public Endorsement exercise (March 2014)
- Better Care Fund and Five Year Strategy Plan engagement event (April 2014)
- Launch of Public CCG Newsletter (Summer 2014)
- CRG meetings (Bi Monthly throughout 2014)
- Board meetings (Bi monthly)
- Annual General Meeting (September 2014)

Healthcare in Thurrock

CHANGE ONE THING

How can we do things better?

Change One Thing Summary

NHS Thurrock Clinical Commissioning Group carried out their Change One thing Call to Action exercise over a 12 week period from 11 November to 31 January.

Aim

The aim of the exercise was to engage Thurrock residents in a healthcare debate that looked at the challenges facing the NHS and for them to share their ideas about what changes could be made to improve services and how we could do things better. The Change one thing idea was pioneered by Healthwatch Thurrock who kindly agreed for us to use this concept.

How

We prepared an easy to use toolkit for voluntary groups, the council, Patient Participation Groups and the general public so that people could either organise their own discussions or include Change one thing in their usual meetings. The toolkit included posters, guidance which included suggested questions to discuss at the meeting and a feedback form to capture comments.

Publicity

Change one thing was publicised in local media, Thurrock Council website as well as the CCG's website. The CCG's Lay Member for Patient and Public Involvement, Len Green was also interviewed on the Dave Monk BBC Essex radio show. We also distributed Change one thing posters with details of how to access the online survey.

Healthcare in Thurrock
CHANGE ONE THING
How can we do things better?

Change One Thing Summary

Questions

- What's good about your local NHS?
- What additional healthcare services would you like to see in Thurrock?
- How do you think the 'quality' of services can be improved in Thurrock?
- What help would you need to take responsibility for your own health and care?
- In summary, if you could 'Change One Thing' about the NHS regarding your health and care, what would it be?

A summary of the outcomes of the Change One Thing engagement process can be found in Appendix 7.

Our “Offer”

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Our vision and "offer" has benefitted from our Call to Action programme which invited Thurrock citizens to share their views on local health and social care. In the spirit of "you said we did" our event in April will once again be seeking the support of our citizens and we will be asking for their views in response to the following question: “How, over the next five years, would you like us to deliver our "offer?”. Their response will form the basis of an action log from which a full implementation plan will be developed.

Principles	What will change over the next five years
Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing	• Individuals will be able to achieve the outcomes they want through personal health budgets and personal care budgets • Citizens recognise the health and care system as being co-produced – and this is built within planning and commissioning processes • Assessments are strength based and solution focused • Fewer people require services and are able to access a range of support, advice and information from within their community • For those who require a service, there is a good range of choice
Health and care solutions that can be accessed close to home	• When people require a service, this will be accessed through federations of practices with aligned community, mental health and social services. • Some secondary care services will be available closer to home – alongside GP hubs. • Technology will be widely used to support people to be independent – particularly for people with long term conditions. As a result, there will be fewer admissions due to poor management of these conditions. • Easily accessible good quality advice and information.
High quality services tailored around the outcomes the individual wishes to achieve	• We will ensure that people are receiving the right care. No user will be placed in a long term care package until they have reached their optimal rehabilitation potential. • Thurrock will have good quality primary care services – particularly GP services – this will include access to services. • Citizens will have defined what ‘good’ quality means and services will reflect that definition. • Health and care staff will be able to more freely work across organisational boundaries. • Services will be outcome focused and work with individuals to reduce service need.
A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible	• There will be no unknown patients admitted to Basildon Hospital as emergencies. • Hospital non-elective admissions will have reduced by 15%. • A prevention and timely intervention approach will be firmly embedded and be reducing service need – in particular the need for acute services. The cost of packages will have reduced as a result and more people will find the support they need in their own communities. • A greater number of people will be enabled to better manage their long-term conditions.
Systems and structures that enable and deliver a co-ordinated and seamless response	• All service users with dementia will have a joint health and social care plan. • Systems will enable effective targeting – via risk stratification systems. • Health and care plans will be joint and holistic. • Systems will enable data to be shared across organisational boundaries.

Section 2

Improving Quality and Outcomes

Joint Strategic Needs Assessment

The following issues were identified as key priorities within the Joint Strategic Needs Assessment for Thurrock (2012);

Issue	What actions we are planning to address this need
Circulatory Disease NHS Thurrock CCG currently has the greatest spend per head on Circulatory Diseases compared to all of the other 23 Programme Budgeting disease categories. Case finding for Coronary Heart Disease (CHD), Hypertension, Heart failure is poor, particularly hypertension which is a key driver for many other circulatory diseases. Despite high spend, clinical outcomes for patients are only average, and emergency admission rates for CHD are high.	- Establishing a Cardiology services review working with NHS Basildon and Brentwood CCG. This will include Atrial Fibrillation, Community Cardiac Services and Primary Care Pathways. - Consider case finding initiatives to improve diagnosis and subsequent management. - Please see section A1.1, A1.2 and A1.3 of the Operational Plan.
Respiratory Disease Programme spend in the CCG for respiratory problems is amongst the largest in England. Whilst outcomes in some areas of the programme are good including asthma and bronchitis, COPD has poor outcomes and poor case finding.	- Continue improving the care pathway through the south west Essex Respiratory Services network. - Ensure local services incorporate the DH best practice model. - Implement COPD passport across the system. - Consider initiatives in other diseases areas. See section A1.5 of the Operational Plan.
Endocrine, Nutritional and Metabolic The spend on Endocrine, Nutritional and Metabolic problems within the CCG is above the ONS group average and is in the top quintile for spend nationally whilst performance and clinical outcomes are average. 50% of spend on this programme relates to diabetes, where Thurrock practices have below average performance in a number of the QOF indicators.	- Undertake a review of the diabetes service across south west Essex. - Implement prescribing formularies. - Implement new Home Enteral Feeding pathway. - Implement Tier III Obesity programme and work with Thurrock. Council on the implementation of the Obesity Strategy. - Please see section B1.1 of the Operational Plan.

Joint Strategic Needs Assessment

Issue	What actions we are planning to address this need
Lifestyle Issues Although Local Government have the lead commissioning responsibility for lifestyle programmes, GP Practices within CCGs have a key part to play in promoting healthy lifestyles to patients, delivering interventions or making appropriate referrals. Smoking and Obesity prevalence in Thurrock are significantly greater than regional and national rates and smoking cessation services are failing to impact on health inequalities by increasing quit rates of deprived communities over affluent ones.	- Ensure that primary and secondary prevention is incorporated into all service reviews (including lifestyle advice etc). - Support Thurrock Council on their Public Health initiatives. - Utilise the JSNA information to target particular areas. - Support and development primary care to offer more first-line lifestyle interventions.
Lung Cancer Despite having below average spend per head of population on cancers as a whole, the CCG spends more per head on lung cancer than many CCGs in England.	- Work with NHS Basildon and Brentwood CCG to undertake a wider range of initiatives to improve cancer outcomes. - Work with other Essex organisations to improve intra provider handover and management. - Please see section A1.6, A1.7 and A1.8 of the Operational Plan.

Further specific Needs Assessments are being completed in 2014/15 to support the CCGs commissioning approach. This includes a Needs Assessment focusing on Frail Elderly and a Pharmacy Needs Assessment.

Parity of Esteem

The CCG is determined to reduce the inequality of outcomes for patients with mental health problems. Changes are required across our care system to deliver this level of improvement. Primary, Community and Secondary Care all have a strong role to play in order to fulfill this commitment. The following seven slides outline some of the actions proposed over the next 2-5 years to support this change and to reduce the current inequality in outcomes.

To support this and our other improvement initiatives we will work closely with the East of England Strategic Clinical Networks (SCNs), and the programmes developed by the East of England Clinical/Citizens Senate, particularly where their change initiatives support ours for example in areas such as:

- Cardiovascular
- Maternity, Newborn, Children and Young People
- Mental Health, Learning Disability, Autism Dementia and Neurological Conditions
- Cancer

Plus: cross-cutting themes:

- IAPT, transition of children/young people to adult services
- End of life care.

Outcome Ambition 1:

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Securing additional years of life for the people of England with a treatable mental and physical health condition

NHS Thurrock CCG remains significantly above the national average (21% above) for this outcome. Addressing this variation is a key priority for the CCG and our partners over the next five years. The CCG has recently improved its performance on respiratory disease mortality and performs well on Alcohol and Liver disease outcomes. However, we are significantly poor performers for Cardiovascular and Cancer outcomes. The CCG is taking key measures to try and improve performance in these disease areas and is reviewing all cancer pathways to identify common themes and risks. We will also be working closely with both the Local Authority (in particular the public health team) and providers to try and jointly improve outcomes.

Improvements have been made in the provision of stroke care, however further development is required to consistently achieve key metrics and be top quartile nationally for overall stroke mortality and long term outcomes.

A number of initiatives have been identified that will support the transformation of the stroke pathway over the next five years, including:

- Investment in Early Support Discharge capacity (utilising Better Care Fund resources)
- Investment into the front end of the care pathway (transformation monies)
- Supporting the recovery of East of England Ambulance targets
- Primary care initiatives to reduce stroke risk.

In conjunction with Thurrock Council and the Health and Wellbeing Board, we have agreed that our joint priority for the local metric will be ensuring that patients are being discharged with joint health and social care plans when they are discharged from the acute stroke unit. As a minimum, 90% of those eligible will be discharged with a Joint Care Plan although we are aspiring to ensure all eligible patients receive one prior to discharge from hospital.

Outcome Ambition 2:

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Improving the health related quality of life of the 15 million people with one or more long term conditions, including mental health

Improving Access to Psychological Therapies (IAPT)

The CCG is aiming to achieve 15% by March 2015 as recommended by the Intensive support Team visit and to build this into future contracts to ensure a mechanism is in place to hold the provider to account for delivery for 2015 and beyond.

Dementia Diagnosis:

Increasing dementia diagnosis rate to 75% by March 2016 and to extend this further over the following three years to 2019 .

Thurrock CCG is working in partnership with NHS Basildon and Brentwood CCG and Thurrock Local Authority to ensure pathways across SW Essex (both community and acute) improve over the next five years and beyond. We are doing this through a number of measures including:

The introduction of Ambulatory Emergency Care Pathways:

- Initial 11 pathways (DVT, cellulitis, renal colic, chest pain, pleural effusion, UTI, falls, pulmonary embolism, TIA, seizure, pneumonia) fully implemented by April 2014
- Remaining 38 pathways implemented by April 2015

Dementia and anti-psychotic meds:

- CQUIN (Community) for increased recognition and onward referral of patients with dementia
- Educational programme for GPs, audit lowest/most appropriate dose
- Implementation of dementia crisis team

Continence programme – pan-Essex:

- Pathway review – adults
- Pathway review – paediatrics
- Procurement project – best value for products and standardisation across Essex

Diabetes service review (including renal):

- Review existing service against NICE guidance
- Improve management closer to home
- Develop prescribing formularies
- Develop a specification for high quality, cost effective provision

Respiratory service review:

- Review existing service against NICE guidance
- Improve management closer to home
- Develop prescribing formularies
- Develop a specification for high quality, cost effective provision

Personal health plans:

- Implement the use of personal health budgets to promote independence and

(Further detail on the scope of LTCs included can be found in the Thurrock Operation Plan at Appendix 1).

Outcome Ambition 3:

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Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community outside of hospital

Thurrock CCG consistently performs well on this indicator. This is a demonstration of the close working between health and social services in primary and community care. However, the CCG recognises that there is still scope for improvement (both in terms of metrics and quality).

A number of initiatives have been identified over the next 24 months and beyond that are underpinned by both the Better Care Fund (Appendix 2) and the Primary Care Strategy (Section 3: Improvement Interventions page 28).

Outcome Ambition 4:

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Increasing the proportion of older people living independently at home following discharge from hospital

Thurrock's vision for Health and Wellbeing is of "resourceful and resilient people in resourceful and resilient communities". The Better Care Fund programme will support the achievement of this vision and of this outcome. Significant progress has already been made in delivering this outcome. In 2013/14 so far, 89.8% of those referred to reablement services were still living at home 91 days after discharge from hospital (ASCOF 2B). Together with Thurrock Council, we seek to improve upon this level of performance.

We are also looking to improve convalescence/reablement/rehabilitation prior to being assessed for Continuing Health Care/Personal Health Budget to ensure patients have achieved their maximum potential for the best long term outcomes. The vast majority of actions outlined within this section are being jointly delivered with Thurrock Council including the Carers' Strategy however, NELFT community provider are also working with the CCG to strengthen the End of Life care pathway by increasing the number on their register for preferred place of care.

Outcome Ambition 5:

Increasing the number of people having a positive experience of hospital care

The Friends and Family (F&F) performance at our main provider (Basildon Hospital) remains poor (in particular A&E and maternity). A key factor the of low performance is a low response rate and the CCG is working with NHS Basildon and Brentwood CCG to redress response rates, identify issues with quality and agree and implement rectifying actions where required.

NHS Thurrock CCG will ensure that as guidance dictates, the roll out of F&F to our community providers is actioned and supported by our current CQUIN which is collecting data on 49 service areas reflecting the current F&F questions.

The establishment of the culture of the 6 Cs (Care, Compassion, Competence, Communication, Courage Commitment) will be monitored through the Francis Report Assurance Meetings.

Outcome Ambition 6:

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Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community

The improvement of patient experience of general practice will be led by the Primary Care Strategy (see the Primary Care Strategy Provisional Project Plan below for key milestones in relation to supporting improvements to this target).

In addition to the Primary Care Strategy, further actions will be undertaken across community/nursing/care homes in partnership with Public Health and our Local Authority to improve patient experience for eg, quality visits are already underway to monitor patient experience across the system.

NHS Thurrock CCG will implement the recommendations of the Learning Disabilities Strategy within the community in partnership with our Local Authority as part of the BCF (Appendix 2).

These actions are in addition to the pathway redesign work already outlined within our Operational Plan (Appendix 1).

Outcome Ambition 7:

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Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

NHS Thurrock CCG is committed to delivering:

a reduction in healthcare acquired infections across the health economy as outlined in our Operational Plan (Appendix 1).

Compliance with Safety Thermometer (VTE, pressure ulcers, catheter acquired infections and falls).

Reduce the number of avoidable deaths within the hospital in collaboration with NHS Basildon and Brentwood CCG to include:

- Care of deteriorating patient
- Consultant review
- Seven day working
- Mechanisms used – contract and monitoring visits

Working with providers to ensure mechanisms are in place to minimise the risk of preventable harm:

- Learning from RCAs
- Progressing our current quality dashboard to highlight risk of harm.

Supporting Delivery

NHS Thurrock Clinical Commissioning Group

Alongside our neighbouring CCGs, we are utilising the 2014/15 contract negotiations to support the delivery of Outcome Ambitions, NHS Constitution, BCF commitments and QIPP. This will be mirrored over the following four years to 2018/19 to support full implementation of all of our commitments.

The table demonstrates how various schedules of the contract are used to this effect.

The CCG expects to sign its main contracts before the end of the financial year in line with requirements.

Contract Negotiations 2014/15	Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	Outcome 6	Outcome 7	Constitution	BCF1	BCF2	BCF3	BCF4	BCF5	QIPP
CQUIN Programmes (*provisional)														
Basildon and Thurrock Hospital														
Friends and Family														
Safety Thermometer														
Dementia														
End of Life														
SystmOne Implementation														
Cancer Services														
Sepsis														
Improved Management of Frail Individuals														
Ambulatory Emergency Care														
Improved Discharge														
MCA developments														
Hearing Tests - Dementia														
North East London Foundation Trust														
Friends and Family														
NHS Safety Thermometer														
Dementia														
End of Life														
COPD														
Accountable Professional														
Paediatric Asthma														
Service Development and Improvement Plans														
Haematology														
Respiratory/COPD														
Cardiology Including Heart Failure														
Diabetes														
Stroke														
7 Day Working														
Frailty Pathways														
Cancers (62 days, Breast Cancer, Uro)														
Medicines Management														

What will success look like? Full delivery of the aims and aspirations set out in this plan and the BCF, and sustained delivery of the NHS Constitution Standards. Progress will be monitored/managed through the governance structures set out in Section 5.

Section 3

Improvement Interventions

Delivering Our "Offer"

NHS
Thurrock
Clinical Commissioning Group

Principles	What will change over the next five years
Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing	Individuals will be able to achieve the outcomes they want through personal health budgets and personal care budgets Citizens recognise the health and care system as being co-produced – and this is built within planning and commissioning processes Assessments are strength based and solution focused Fewer people require services and are able to access a range of support, advice and information from within their community For those who require a service, there is a good range of choice
Health and care solutions that can be accessed close to home	When people require a service, this will be accessed through federations of practices with aligned community, mental health and social services. Some secondary care services will be available closer to home – alongside GP hubs. The expansion of community hubs will mean that good advice, information and support is readily available and reduces the need for 'services'. Technology will be widely used to support people to be independent – particularly for people with Long Term Conditions. As a result, there will be fewer admissions due to poor management of these conditions.

Delivering Our "Offer"

NHS Thurrock Clinical Commissioning Group

Principles	What will change over the next five years
High quality services tailored around the outcomes the individual wishes to achieve	We will ensure that people are receiving the right care. No user will be placed in a long term care package until they have reached their optimal rehabilitation potential. Thurrock will have good quality primary care services – particularly GP services – this will include access to services. Citizens will have defined what 'good' quality means and services will reflect that definition. Health and care staff will be able to more freely work across organisational boundaries. Services will be outcome focused and work with individuals to reduce service need.
A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible	There will be no unknown patients admitted to Basildon Hospital as emergencies Hospital non-elective admissions will have reduced by 15%. A prevention and timely intervention approach will be firmly embedded and be reducing service need – in particular the need for acute services. The cost of packages will have reduced as a result and more people will find the support they need in their own communities. A greater number of people will be enabled to better manage their long-term conditions. Multi-disciplinary teams will be effectively identifying 'high risk' people at an early stage. Costs will reduce accordingly.

Delivering Our "Offer"

NHS
Thurrock
Clinical Commissioning Group

Principles	What will change over the next five years
Systems and structures that enable and deliver a co-ordinated and seamless response	All service users with dementia will have a joint health and social care plan. Joint health and care assessments will be common-place Systems will enable effective targeting – via risk stratification systems Health and care plans will be joint and holistic.

Delivering the Principles

NHS
Thurrock
Clinical Commissioning Group

The following table demonstrates how we will deliver against the aforementioned principles through our work programme;

Principles	CVD - Cardiology	CVD - Stroke	CVD - Heart Failure	Haematology	Respiratory Review	Cancer Services	Diabetes Service Review	LTCs in patients w/ MH cond.	Continence Service Redesign	Personal Health Budgets	Under 19 High Impact Pathways	Ambulatory Emergency Care	Dementia Screening	IAPT	Community Geriatrician Model	MSK Pathway	RRAS and Reablement	Continuing Healthcare Review	Community Bed Provision	Parity of Esteem	BCF Programme	Improving Quality	Acute Service Review
1) Empowered citizens who have the choice and independence and take personal responsibility for their health and wellbeing																							
2) Health and care solutions that can be accessed close to home																							
3) High quality services tailored around the outcomes the individual wishes to achieve																							
4) A focus on prevention and timely intervention that supports people to be health and live independently for as long as possible																							
5) Systems and structures that enable and deliver a co-ordinated and seamless response																							

Seven Day Services

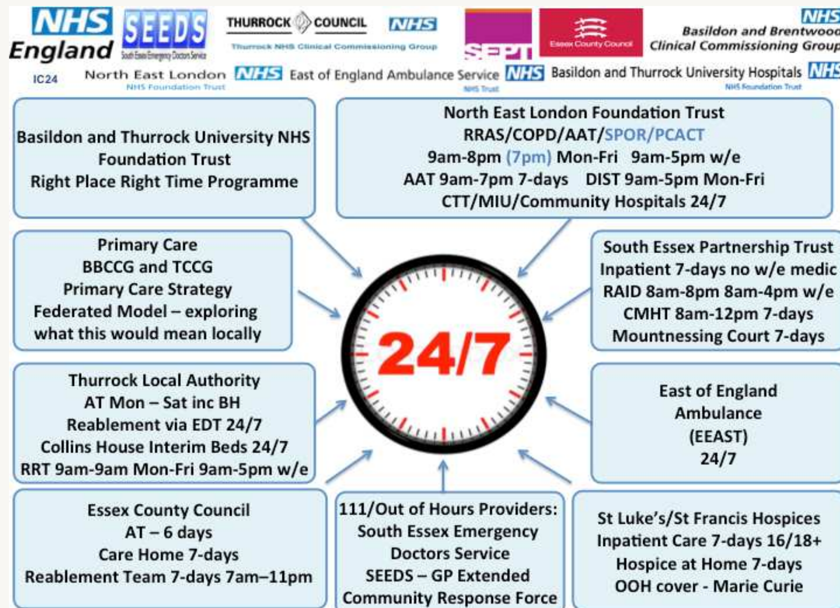
The CCG is committed to improving the quality of services provided for its population and sees the BCF and integration as the vehicles through which it will continue to seek new ideas and opportunities for advancing seven day services in partnership with its providers.

For the first two years of this five year plan the main focus will be on emergency and urgent care. To support this end the CCG is a member of cross economy seven day working group which sits under the governance of the South West Essex Urgent Care Programme Board.

The group has already mapped existing levels of service provision as outlined by NHSIQ in "NHS Services – Seven Days a week", and the current level of compliance with the draft Clinical Standards published by NHS England. The mapping will be used to help shape future planning and ambitions. Further detail can be found at Appendix 5.

ganisation	Service	Current Hours	Proposed New Hours	Draft 7-Day week Clinical Standards	Programme	Level of Service Provision (Levels 0-4)	Comments/ Risk(s)
BTUH	Radiology. Ability to review scans off site from PACs system. 24/7 Radiologists / 7 Day Service	8-8 Monday to Friday 9-6 weekends	24/7 Radiologists /7 Day Service		Workstream 3 RPRT	Level 2/3	
	Medical Consultant cover 7 days a week Current weekend service enhanced - pilot	1 consultant 8am – 8pm 2 consultants 8am – 12.00	1 AMU consultant 8am – 8pm Both DMOP and GIM 8am – 8pm	Meets draft Standard 4 Shift handovers	Workstream 3 RPRT	Level 2/3	
	Enhanced 7-day services being planned for other specialities eg Trauma and Orthopaedics to pilot new was of working in Jan 2014	tbc	tbc				
	Paediatrics (additional paediatricians in place)	9am -9pm 7 Days			Response to CQC Report	Level 2/3	
	GP in A&E	8am - midnight 7 days	As outlined	Meets Standard 7 re MH input	Winter Monies Action Plan		
	Streaming – Frailty Stream	9am - 8pm 7 days	As outlined		Winter Monies Action Plan		
	Consultant / GP advice line (to community)	10am-10pm			Winter Monies Action Plan		Via the extended community GP

Snapshot of RPRT workstream progress at BTUH including in diagnostics.



To support the acute trusts in their transition to seven day services through their Right Place Right Time Programme (RPRT), the CCG and Thurrock Council have committed to the following developments (several through the BCF programme):

Rapid Response Assessment Service

Extended weekday hours (9am – 7pm) and weekend cover (9am – 5pm).

Thurrock Social Workers

Seven day hospital cover including on site provision six days per week.

Intermediate Care (health and social)

Provision for admission and discharge on Saturdays and Sundays.

Nursing Homes

Premium payments for homes that can admit at short notice.

Over the next five years the CCG will be exploring innovative solutions for optimising primary care provision, pharmacists, optometrists and dentists to support seven day services based on the community hub model championed in Thurrock, and supported by the work of the Essex Workforce Partnership attended by our Executive Nurse.

Urgent Care

NHS Thurrock CCG participates in the South West Essex Urgent Care Working Group. The reinvigorating of this forum has supported the sub economy experience a winter period that has been more controlled than previous years.

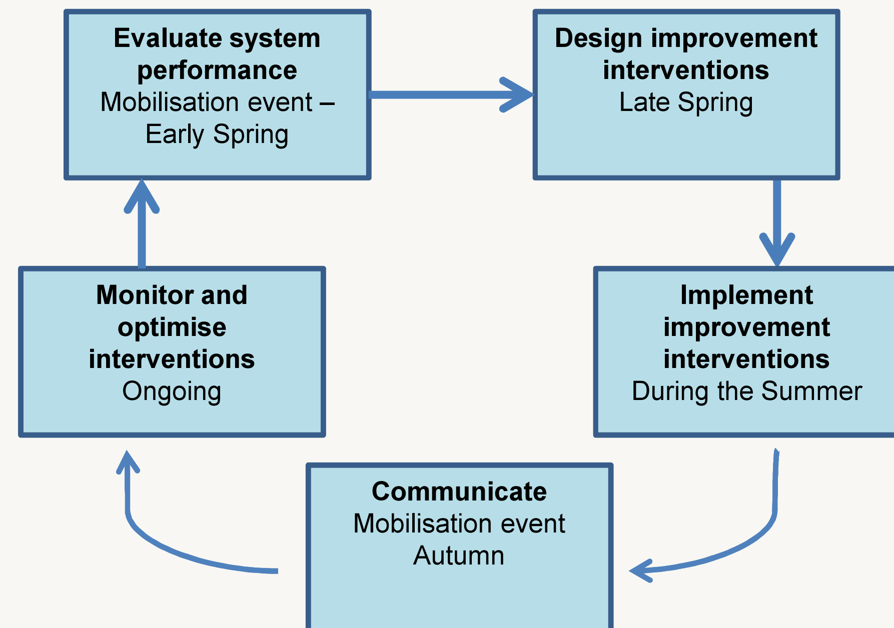
The objectives of the Urgent Care Working Group are:

- Strengthening collaboration across health and social care in respect to the day to day operation of the urgent care system, proactively tackling and removing barriers when these are identified.

  - Facilitating joint operational and tactical planning, including leading the work in respect to winter and other key challenges to urgent care performance as well as the allocation of any winter pressures funding.

  - Evaluating the performance and resilience of the urgent care system and making decisions as to the action which should be taken to strengthen the system when this is required.

Our shared provider landscape lends itself to a South West Essex approach to sustainable delivery of the A&E standard. In partnership with NHS Basildon and Brentwood CCG we intend to adopt the following annual approach to delivery of the A&E target.



For Thurrock, this means changing the way we currently think and commission urgent care solutions for our population such as shifting:

hearts, minds and actions to support the provision of seven day services through the working with the Essex Workforce Partnership

perverse incentives for eg block contracts at BTUH v activity

resources to community services, and incentivising services eg the £5 per head community services and GP incentivisation

Public view of when it is appropriate to go to A&E – good community services are key to this.

System wide developments

The CCG will work in partnership with both the Essex health economy and Midlands and the East health economy to improve services and outcomes for patients.

To support this and our other improvement initiatives we will work closely with the East of England Strategic Clinical Networks (SCNs), and the programmes developed by the East of England Clinical/Citizens Senate, particularly where their change initiatives support ours for example in areas such as:

- Cardiovascular/Stroke
- Maternity, Newborn, Children and Young People
- Mental Health, Learning Disability, Autism Dementia and Neurological Conditions
- Cancer

Plus: cross-cutting themes:

- IAPT, transition of Children/young people to adult services
- End of life care

Primary Care

NHS Thurrock
Clinical Commissioning Group

The Vision;

The Vision;
The CCG supports the vision for Primary Care identified by NHS England Essex Area Team within their Primary Care Strategy

The Challenge;

The Challenges;

Growing population

- Thurrock population has increased 22% since 1991 and currently stands at 157,705. By 2033 it is expected to grow further to 207,300.
- The over 85 population is expected to double by 2033.

Ageing Primary Care Workforce

- 30% of the GP workforce within Thurrock is over the age of 60.
- Thurrock is identified as having a significant shortfall in the number of GPs, in particular in the more deprived wards.

Your local 'chemist' will play a key part in 7-day face-to-face access, with an increasing role in repeat prescriptions, monitoring, and managing long-term conditions.

Hubs
GP practices will organise themselves into hubs, collectively serving perhaps 20,000 people. This does not mean that your GP will be in a different building, but that they will be part of a team offering more services and more access.

Nurse Practitioners, Community Services and Social Care will work closely with the hubs to support people with long-term conditions. They will have strong collaborations with acute hospitals.

GP practices
GPs will be in hubs, sharing specialists and improving access.

Optometrists
Opticians will work more closely with GPs and other primary care providers, extending the role they can play in your health.

Single-handed
GP practices will benefit from being part of hubs, enabling them to offer 7 day a week access, and access to specialist teams

Dentists
Alongside optometrists and pharmacists, dentists will work in networks that either mirror the hubs or are a part of them.

Health visitors, district nurses and school nurses will be aligned with or directly employed by the Hubs, and in close contact with specialist paediatricians

Primary Care

The Priorities;

Retendering of the Thurrock Walk In Centre

In late 2013/14, NHS Thurrock CCG was transferred the commissioning responsibility for the Thurrock Walk In Centre in Grays. This was part of the Improving Access to Primary Care development. This contract expires in April 2015. The CCG is keen to explore what opportunities exist to support improving access to primary care. This is a major initiative for the CCG in 2014/15.

Development of South Ockendon and Purfleet Community Hubs

South Ockendon and Purfleet are both earmarked for significant population growth over the next five years. The CCG is working with the Council to develop community hubs in these areas. These will include a range of primary care and community health services alongside voluntary organisations, public health provision and other local services.

Estates and Workforce

The CCG will work closely with NHS England Essex Area Team to develop initiatives to support the development of primary care estates and workforce over the next five years. We are committed to making Thurrock an attractive place for GPs and other primary care professionals to work in.

Primary Care

NHS
Thurrock
Clinical Commissioning Group

In addition to the initiatives above, in order to achieve the CCG vision, primary care also needs to change because:

- There is a shortfall in GP capacity, 30% of the current GP workforce is over the age of 60, attracting new clinicians is a challenge, large amount of in single handed practices.
- Approximately 75% of the primary care estate in Thurrock is not fit for purpose.
- Financial and delivery pressures for the CCG and the council – council funding continues to reduce; Thurrock Unitary Authority is the third lowest spender on adult social care in the country.
- For both the CCG and the Council, unplanned care admissions continue to rise and the demographics show the increase in the frail / elderly population and those living with complex multi long term conditions.
- CQC reports are highlighting training needs for practices and estates issues.
- Significant challenges from the impact of children's safeguarding within primary care.

The challenge for primary care in Thurrock is significant, however there are a number of strong enablers that give the system a good starting position:

- **The CCG jointly with the Council, will continue to put the patient voice at the centre of its service planning and decision**
- **The CCG and Council will build a network of prevention and timely intervention through initiatives such as the Local Area Co-ordinator service in order to maintain patients in the community within the widest determinants of health to avert "crisis situations"**
- **Building community resilience will be vital to maintaining people in their own communities.**

Our Primary Care Strategy Action Plan can be seen at Appendix 6

Primary Care

Primary Care Strategy: Actions and timescales	14/15	15/16	16/17	17/18	18/19
We will optimise the structural reforms from the integration agenda between health and social care. Key to this is building on jointly commissioned/provided services that support primary care and avoid hospital admissions – RAAS and enablement services.					
Optimising the opportunities presented by the re-contracting for the Thurrock Health Centre services including the 'walk in' element and the extended hours provision (to support the drive towards seven day services).					
With NHS England optimise the delivery of new primary care provision. Joint CCG/Council provision in state of the art buildings with services close to the community will be the ambition (utilising Section 106 monies).					
Workforce – as illustrated in the profile, Thurrock is challenged when it comes to GP recruitment. The CCG will work across Essex with all CCGs to look at strategies that will bring the required workforce into the patch					
Contracting levers and federation – the CCG will work with the primary care community to federate in the Thurrock hubs that will define geographical areas for service provision across health and social care. Minimum list size of 4,500 patients serviced by the equivalent of 2.5WTE GPs. Strategic objectives include: Number of GPs working in Thurrock will increase through the establishment of more training practices and enhanced roles within hubs that attract professionals into Thurrock Patients will be able to access their practice at all times throughout the contracted hours of operation (8:00am to 6:30 Monday to Friday) Number of nurses working in Thurrock will increase through the enhancement of nurse practitioner training and enhanced roles within hubs Practices who are unable to evidence they are delivering high quality care will be supported to improve in the first instance but ultimately decommissioned if there is insufficient improvement with patients distributed to practices operating in the defined hub.					
Optimising other primary care provision, pharmacists, optometrists and dentists within the community hub model championed in Thurrock.					

Primary Care

NHS Thurrock Clinical Commissioning Group

Primary Care Strategy: Provisional project plan

ID	Task Name	Duration	Start	Finish	Ambition
1	**Thurrock CCG - Primary Care Strategy**	**262 days**	**Wed 01/01/14**	**Thu 01/01/15**	
2	Consult on PC Strategy	43 days	Mon 03/03/14	Wed 30/04/14	The CCG jointly with the Council, will continue to put the patient voice at the centre of its service planning and decision making - ongoing timescales
3	LAC model to CEG for GP Integration	23 days	Wed 01/01/14	Fri 31/01/14	With TUA, build a network of prevention through local Area Co-ordination service in order to maintain patients in the community with the widest determinants of health to avert 'Crisis situations'- ongoing timescales
4	Work with Council to extend provision	20 days	Mon 03/02/14	Fri 28/02/14	As above
5	Integration template to HWB & CCG Boards	23 days	Wed 01/01/14	Fri 31/01/14	Optimising the structure reforms from the integration agenda between health and social care; - Timescales 15/16
6	CCG 2 year plan submitted	22 days	Tue 01/04/14	Wed 30/04/14	As above
7	CCG 5 year plan submitted	21 days	Mon 02/06/14	Mon 30/06/14	As above
8	Agree Strategic intent for the THC	65 days	Mon 03/03/14	Fri 30/05/14	Optimising opportunities presented by the recontracting for the Thurrock Health Centre Services including the walk-in element and the extended hours provision. Timescales - through 15/16
9	Tendering Process	154 days	Mon 02/06/14	Thu 01/01/15	As above
10	Review and agree Section 106 monies with Council	21 days	Mon 03/03/14	Mon 31/03/14	Working with NHS England to optimise the delivery of new primary care provision due to the significant population growth in Thurrock in the next 7 years and beyond. Timescales - on-going
11	Work with NHSE re developments in Thurrock	198 days	Tue 01/04/14	Thu 01/01/15	As above
12	Work across Essex re Workforce Strategy	22 days	Tue 01/04/14	Wed 30/04/14	Workforce - as illustrated in the profile, Thurrock is challenged when it comes to GP recruitment. The CCG will work across Essex with all CCG's to look at strategies that will bring the required workforce in the patch - Timescale - on-going
13	Establish with NHSE flexibilities available	22 days	Tue 01/04/14	Wed 30/04/14	Estate - TCCG will work closely with the Council and NHS England to explore creative possibilities to improve the quality of the primary care estate - Timescale - on-going
14	Begin to work with practices to explore opportunities	109 days	Tue 01/04/14	Fri 29/08/14	Contracting levers and federation - Timescale - on-going
15	Begin to map as part of PC Strategy	21 days	Fri 01/08/14	Fri 29/08/14	Optimising other primary care provision, pharmacists, optometrists and dentists within the community hub model championed in Thurrock - Timescale - on-going
16	Describe as part of 2 and 5 year planning	86 days	Mon 03/03/14	Mon 30/06/14	Resource shifts - it is acknowledged that resources will need to move from acute provision into the community integrated hubs. The CCG will look to model the changes required as part of the 5 year plan - Timescale - on-going

Section 4

Sustainability

General

NHS
Thurrock
Clinical Commissioning Group

NHS Thurrock CCG and its partners need to secure a health care system that is sustainable, not just financially but also in managing our vision for how and where health and social care is provided in future.

Achieving this is predicated upon a number of distinct lines of enquiry which are being explored through the BCF and QIPP, and include:

Community resilience

Increased personal responsibility

Interventions at the earliest opportunity

Ensuring where services are required they are of a high quality (right place, right time).

Financial

NHS
Thurrock
Clinical Commissioning Group

The CCG signalled its priorities through its commissioning intentions published at the end of September 2013 . The strategic objectives were to secure service change, maintain financial balance across the local health economy and continued improvement in the quality of services commissioned.

The resource assumptions used within this plan were published within *Everyone Counts – Planning for Patients* published by NHS England in December 2013, supplemented local knowledge. The detailed allocations and planning assumptions underpinning the financial strategy is shown below:

CCG Planning Assumptions 2014-15 to 2018-19
Everyone Counts - Planning for Patients Extract

	2014-15	2015-16	2016-17	2017-18	2018-19
GDP Deflator/ Allocation Growth	2.14%	1.70%	1.80%	1.70%	1.70%
Price Inflation - Prescribing (4% - 7%)	5.00%	5.00%	5.00%	5.00%	5.00%
Price Inflation - Continuing Healthcare (2% - 5%)	3.00%	3.00%	3.00%	3.00%	3.00%
Programme Allocation (£m) see note	£ 183.3	£ 190.1	£ 191.3	£ 195.6	£ 200.0
Better Care Fund (£m)		-£ 9.7	-£ 9.7	-£ 9.7	-£ 9.7
Running Cost Allocation (£m)	£ 4.1	£ 3.7	£ 3.7	£ 3.8	£ 3.8
Total Allocation	**£ 187.5**	**£ 184.1**	**£ 185.4**	**£ 189.7**	**£ 194.1**
Efficiency Requirement	-4.00%	-4.00%	-4.00%	-4.00%	-4.00%
Secondary Care Health Cost Inflation	2.30%	2.20%	3.00%	3.40%	3.40%
Net Tariff Uplift	**-1.70%**	**-1.80%**	**-1.00%**	**-0.60%**	**-0.60%**
CCG Running Cost Allowance Efficiency		-10.00%			
Business Rules					
Minimum Contingency	0.50%	0.50%	0.50%	0.50%	0.50%
Non-Recurrent Requirment for CCGs	2.50%	1.00%	1.00%	1.00%	1.00%
CCG Surplus	1.00%	1.00%	1.00%	1.00%	1.00%
"Call to Action" Fund (included within 2.50%)	1.00%				

Financial

NHS
Thurrock
Clinical Commissioning Group

The anticipated allocation together with estimated expenditure commitments are shown below;

Revenue Resource Limit

£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Recurrent	184,628	187,454	193,788	195,070	199,415	203,798
Non-Recurrent	-	1,688	1,979	2,178	2,379	2,579
Total	184,628	189,142	195,767	197,248	201,794	206,377

Income and Expenditure

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Acute	103,550	104,046	108,207	106,879	107,876	109,387
Mental Health	18,412	17,492	16,849	16,248	15,712	15,475
Community	20,517	20,623	20,709	20,209	18,063	16,937
Continuing Care	7,801	8,579	6,969	7,178	7,394	7,616
Primary Care	25,566	26,268	25,946	26,393	27,713	28,099
Other Programme	3,442	4,338	9,420	12,442	16,874	20,438
Total Programme Costs	**179,288**	**181,346**	**188,100**	**189,349**	**193,632**	**197,952**
Running Costs	3,650	3,982	3,588	3,607	3,627	3,646
Contingency	-	1,835	1,901	1,913	1,956	2,000
Total Costs	**182,938**	**187,163**	**193,589**	**194,869**	**199,215**	**203,598**

£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Surplus/(Deficit) In-Year Movement	1,690	289	199	201	200	200
Surplus/(Deficit) Cumulative	1,690	1,979	2,178	2,379	2,579	2,779
Surplus/(Deficit) %	0.92%	1.05%	1.11%	1.21%	1.28%	1.35%
Surplus (RAG)	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN
Net Risk/Headroom		934	1,647	913	956	1,000
Risk Adjusted Surplus/(Deficit) Cumulative		2,913	3,825	3,292	3,535	3,779
Risk Adjusted Surplus/(Deficit) %		1.54%	1.95%	1.67%	1.75%	1.83%
Risk Adjusted Surplus/(Deficit) (RAG)		GREEN	GREEN	GREEN	GREEN	GREEN

Planned Investments

NHS
Thurrock
Clinical Commissioning Group

We have set aside recurrent and non-recurrent funding to support the delivery of our strategic priorities and to address unavoidable cost pressures during each year of our plan, as shown below. This excludes any Quality Premium funding and the 70% non-elective saving that is currently that is currently re-invested to support ambulatory care.

	2014/15 £000s	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s
Recurrent Investments:					
Acute Services	572	572	0	0	0
Mental Health	284	700	300	256	141
Community Services	352	500	600	330	198
Continuing Health Care	315	0	0	0	0
Primary Care	0	0	1,113	100	0
Better Care Fund	862	5858	0	0	0
Total Recurrent Investment	**2,384**	**7,630**	**2,013**	**686**	**339**
Non-Recurrent Investments:					
Acute Services	619	557	501	451	406
Mental Health	608	0	0	0	0
Community Services	182	0	0	0	0
Primary Care	1,075	1,093	0	0	0
Held for in year priorities / To be Identified	266	0	1396	879	1264
Total Non-Recurrent Investment	**2,750**	**1,650**	**1,897**	**1,330**	**1,670**
Total Investment	**5,134**	**9,280**	**3,910**	**2,016**	**2,009**

Better Care Fund (BCF)

NHS Thurrock Clinical Commissioning Group

Our BCF has been signed off by the Health and Wellbeing Board for 2014/15 and is attached as Appendix 2. However , work is currently in progress to identify the funding streams currently within CCG resources (and contracts) that will constitute at least half of the fund's value in 2015/16. A review of the existing schemes will also be undertaken to inform deployment of funds in 2015/16. The summary of the application of funds in 2014/15 is shown below.

2014/15 Better Care Fund (BCF) Plan	
	£000s
Empowering Citizens	178
Telehealth	30
Stroke Services	50
Community Beds	515
Rapid Response, Assessment & Reablement Service	1,025
Hospital Social Care Team	80
Implementation of Caretrak	50
Primary Care MDT Co-ordinator	51
Social Care	1,666
Contingency	79
Total Recurrent Investment	**3,724**

Risks

NHS
Thurrock
Clinical Commissioning Group

Risk	Proactive Management/Mitigation
GP capacity and leadership	Develop and succession planning strategy to bring younger GPs into leadership roles under the mentorship of current Board members.
GP Workforce	Work with the seven CCGs across the Essex Workforce Partnership to look at strategies that will bring the required workforce into the patch.
Financial delivery, PbR changes, and QIPP challenge	% contingency reserve, PMO, governance via Finance and Technical Committee, internal audits, Board reports, construct of the contract.
Officer capacity due to restrictions/reductions in management allowance	Shared posts/partnership working with local CCGs and TUA, additional capacity through CSU, review of management allowance to identify efficiencies in order to increase directly employed capacity.
Achievable progress that is realistic for primary care strategy isn't fast enough given pace of change in the borough	Optimising other primary care provision, pharmacists, optometrists and dentists through community hub model.
CSU delivery	Clarity of specifications, roles, responsibilities, outcomes and KPIs supported by robust performance management.
Continuing Health Care (CHC)	Engage with CSU to determine potential impact.
Mental Health (MH) changes	Joint management of impact with providers/risk share.

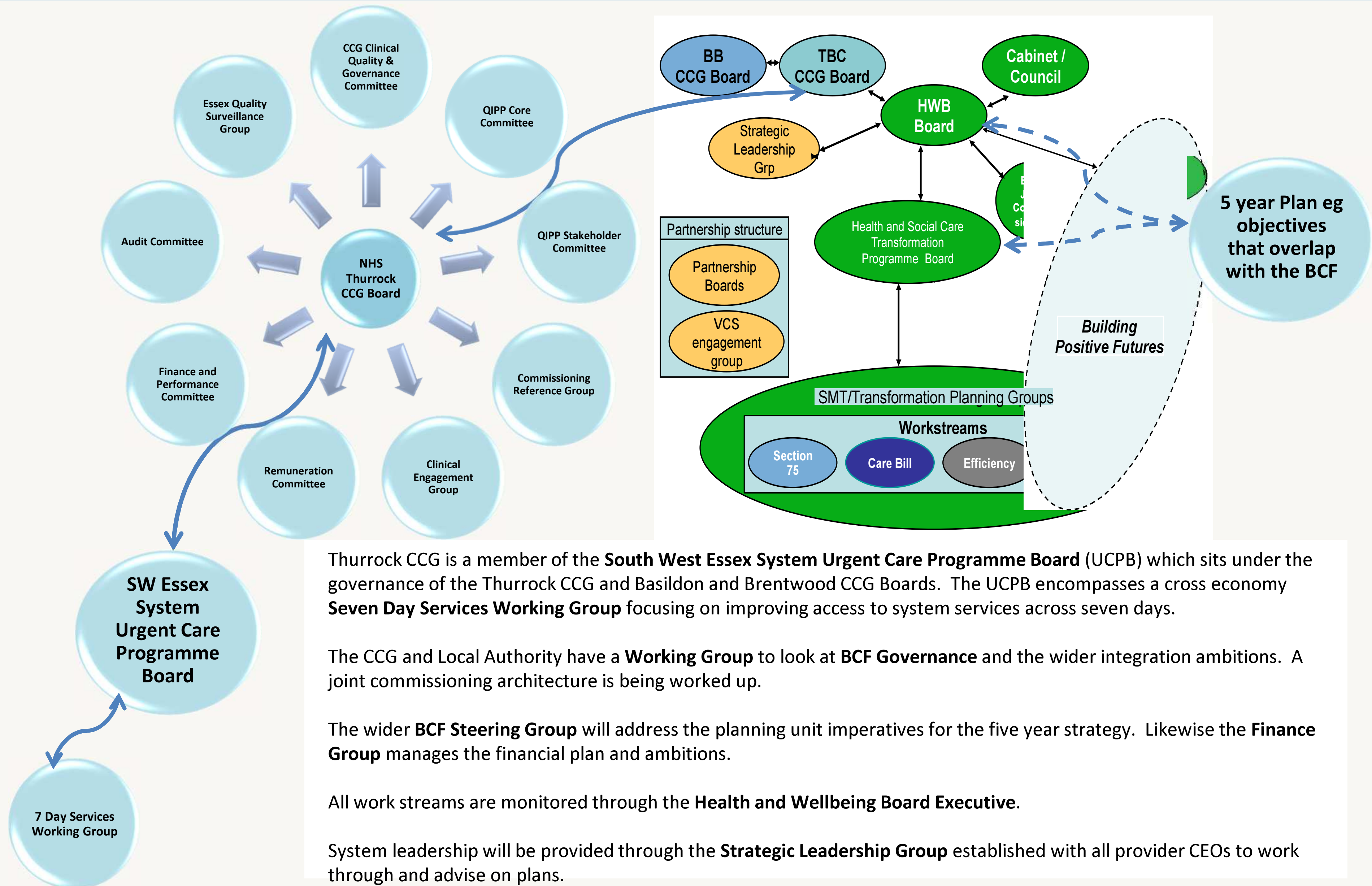
Wider System Risk	Proactive Management
Essex Acute Reconfiguration Route	The seven CCGs in Essex are collaboratively working closely with the Acute providers to manage the process.
Specialist Services changes	Work with the Area Team for a solution to current issues.
Stroke Review	The seven CCGs in Essex are working collaboratively to increase the effectiveness of Essex Commissioning through the Suffolk Collaborative Commissioning Arrangement.

Section 5

Governance

Governance

NHS Thurrock Clinical Commissioning Group



Thurrock CCG is a member of the **South West Essex System Urgent Care Programme Board** (UCPB) which sits under the governance of the Thurrock CCG and Basildon and Brentwood CCG Boards. The UCPB encompasses a cross economy **Seven Day Services Working Group** focusing on improving access to system services across seven days.

The CCG and Local Authority have a **Working Group** to look at **BCF Governance** and the wider integration ambitions. A joint commissioning architecture is being worked up.

The wider **BCF Steering Group** will address the planning unit imperatives for the five year strategy. Likewise the **Finance Group** manages the financial plan and ambitions.

All work streams are monitored through the **Health and Wellbeing Board Executive**.

System leadership will be provided through the **Strategic Leadership Group** established with all provider CEOs to work through and advise on plans.

Governance

NHS Thurrock
Clinical Commissioning Group

Clinician views are considered when plans are developed across the CCG's work.

This table shows the clinical membership of key meetings and groups

Key:
Blue = Attendance
Grey = Non-clinical

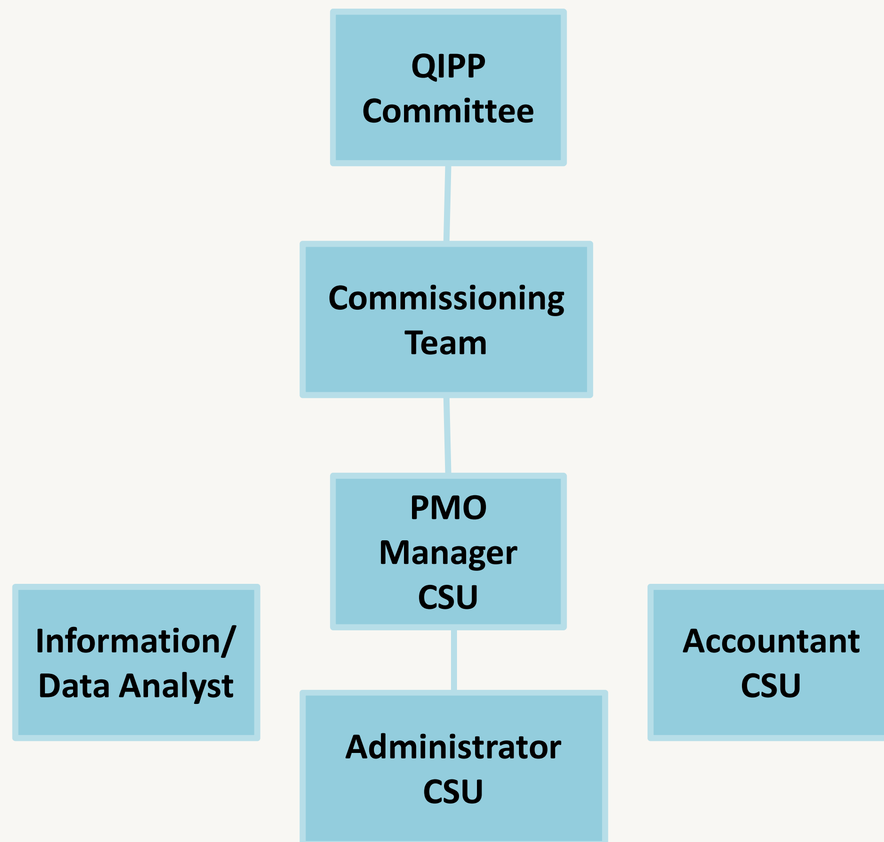
Role	Clinical Lead	CCG Board	Executive Management Team	Corporate Leadership Meeting	Clinical Engagement Group	Time 2 Learn	Quality & Governance Committee	Commissioning Reference Group	Finance & Performance Group	Renumeration Committee	Quality, Innovation, Productivity and Prevention	Audit Committee	Health and Wellbeing Board	South West Essex Urgent Care Programme Board	Health and Social Care Transformation Programme Board	SW Essex EOL Group	Joint CCG Unplanned Care Group	MSK Project Board	Respiratory Network	Diabetes Service Review Network	Cardiac Network	Local Enhanced Services	Quality Surveillance Group
Chair	Dr A.Deshpande	■	■	■	■	■			■		■		■					■					
Interim Accountable Officer	Mrs M. Ansell	■	■	■	■				■		■	■	■	■	■								■
Secondary Care Consultant	Dr S. Das	■			■	■			■		■												■
Executive Nurse	Mrs J.Foster-Taylor	■	■		■	■	■				■					■							■
Chief Finance Officer	Mr A. Olarinde	■	■		■		■				■												
QIPP Chair	Dr R. Arhin	■	■	■	■	■			■	■	■	■											
BTUH Contract GP Lead	Dr A. Bansal	■	■		■	■					■							■	■	■	■		
NELFT Contract GP Lead	Dr V. Raja	■	■		■	■					■			■				■	■	■	■		
Medicines Management	Dr P. Martin	■			■	■					■												
CEG Co-Chair	Dr V. Raja	■			■	■					■												
Unplanned Care	Dr V. Raja	■			■	■					■			■									
End of Life	Dr V. Raja	■			■	■					■					■	■						
Safeguarding lead	Dr T. Nimal Raj	■			■	■			■		■												
MSK GP Lead	Dr V. Raja	■			■	■					■												
MSK Chair	Dr A. Deshpande	■			■	■					■												
Planned Care lead	Dr A. Bansal	■			■	■					■												
CEG Co-Chair	Dr L. Grewal	■	■		■	■	■															■	
Chair of Patient Safety & Quality	Dr L. Grewal	■	■		■	■	■																
Clinical lead and Education	Dr A. Bose	■	■		■	■		■										■	■	■			■
Mental Health lead	Dr R. Mohile	■			■	■																	
Paediactrics lead	Dr H. Okoi				■	■																	
Practice Manager Board Member	Mr R. Vine	■			■	■	■					■										■	
General Practitioners	All				■	■																	
Patient, Public Involvement Lay M	Mr L. Green	■			■		■	■			■		■	■									
Audit & Renumeration Lay Membe	Mrs L. Buckland	■			■		■		■			■						■					
Practice Nurses	All				■	■																	
Practice Managers	All				■	■																	

The health and care experience of the people of Thurrock will be improved as a result of our working effectively together

Programme Management Office (PMO)

The PMO supports delivery and sustainability of the improvement interventions, QIPP and financial plan. The PMO team has defined, implemented and embedded a strategic approach to monitoring and reporting, achieved through:

- Regular reviews with workstream leads and the Chief Finance Officer (CFO)
- Monthly tracking of all financial benefits and reviewing with CFO
- Monthly reviews/reporting of overall QIPP to Executive Team to support key decision making
- Use of a standard toolkit of templates and reference documentation, assessable via PMO
- Defined processes and ensuring these are followed to enable audit compliance for QIPP
- Seeking new innovative ways to support QIPP delivery - Future state to implement a Project and Programme Management Software Tool.



The programme management structure for the organisation is provided through the CSU. The PMO is co-located within the CCG. The PMO enables the CCG to track its performance which will then be managed through workstreams and reported through Workstream Boards.

Plan Sign Off

This Draft Strategic Plan has been shared at the following forums for engagement, input and endorsement:

Forum	Membership	Date
Executive	Exec Directors/GP Leads	24 February
Healthwatch Thurrock	Public Engagement Event	4 March
Clinical Executive Group	GPs/Primary Care Representatives	11 March
Health and Wellbeing Board	Health and care system leaders	13 March
Commissioning Reference Group	Patient Reps/Healthwatch Thurrock	20 March
Thurrock Diversity Network	Patient Representatives	20 March
Strategic Leadership Forum	Execs of key provider organisations	21 March
Board	CCG Board/Public	26 March
Submission to NHSE	Essex Area Team/Region	4 April
Second Submission to NHSE	Essex Area Team	6 June
Final Submission to NHSE	Essex Area Team/Region	20 June

Appendices

Item	Embedded Document
Appendix 1: Operational Plan 2014-16 (draft)	Separate document
Appendix 2: Better Care Fund Plan (draft)	Separate document
Appendix 3: Thurrock CCG – Outcome Benchmarking Pack	Separate document
Appendix 4: Thurrock Ward Profiles	Separate document
Appendix 5: 7-Day Services Mapping	Separate document
Appendix 6: Thurrock CCG – Primary Care Strategy	Separate document
Appendix 7: "Change One Thing" Summary	Separate document
Appendix 8a: Terms of Reference for Urgent Care Working Group	Separate document
Appendix 8b: Terms of Reference for Health & Wellbeing Board	