

Building 4  
 Spencer Close  
 St Margaret's Hospital  
 The Plain  
 Epping  
 Essex  
 CM16 6TN

## About us

NHS West Essex Clinical Commissioning Group (CCG) was established on the 1<sup>st</sup> April 2013 as the key statutory body responsible for the planning and buying of health services in west Essex.

The CCG is a clinically-led membership organisation made up of 32 general practices from the three localities of Epping Forest, Harlow and Uttlesford. The members are responsible for determining the governance arrangements for the CCG, which are set out in the CCG's constitution.

We manage an annual budget of nearly £462.822 million to commission the majority of healthcare services for the 315,000 people that live here. We do this through agreements and contracts with a range of hospital, community and mental health service providers.

Our main hospital services are provided by The Princess Alexandra Hospital in Harlow, Addenbrooke's in Cambridge, Mid-Essex Hospital Trust in Broomfield, Chelmsford and Whipp's Cross Hospital in north east London. Our community and mental health services provider is Essex Partnership University NHS Foundation Trust (EPUT).

Our vision since 2014 has been '*Working together for a healthy west Essex*', with the aim of ensuring people have access to safe, effective and responsive services that reduce inequalities, meet identified needs and deliver the best possible health outcomes.

### We have aligned on five objectives to achieve our vision

Commission high quality and safe care

Deliver sustainable health and care service transformation towards more locally based integrated care services

Ensure that local people are at the heart of all that we do. Working in partnership to support individuals and communities in taking personal responsibility for their own good health and wellbeing

Continue to collaborate with our partners, building effective partnerships that will support and underpin how we work as an integrated community

Continue to develop as a leading commissioning organisation of quality health and care services

### Population segment addressed

Children



Adults



Older people

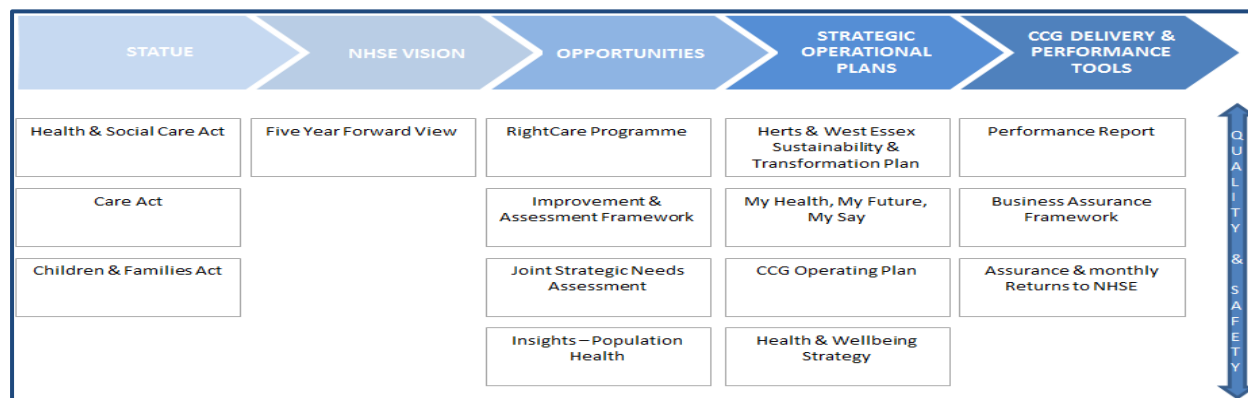


Enablers

Our population is rapidly growing, and is marked by differences in health experience and outcomes between the most and least deprived communities. Alongside this, the NHS faces significant healthcare challenges.

### Our strategic approach

A summary of our strategic approach to commissioning over the past year (2018/19) is shown below:



This has been informed by understanding the local population and the services we provide, both in terms of opportunities and outcomes.

This involves managing significant boundary complexities caused by different planning geographies between health and social care.

We are an active member of the wider Essex Health and Wellbeing Board community for social care, mental health and a number of other services, and also work with health colleagues in Hertfordshire, as part of the Hertfordshire and West Essex STP to plan NHS financial and workforce issues and demand at Princess Alexandra Hospital in Harlow.

The CCG is required to submit a detailed Operating Plan to NHS England every year. This takes into account anticipated demographic and non-demographic growth, along with any increases expected due to new guidance. It sets out, both in terms of activity and quality improvement, our performance, planning targets and assumptions for the year ahead. We measure ourselves against these standards and they are monitored by NHS England.

### Our strategy

The West Essex CCG Strategic and Operating Plan 2019/20 responds to the continuing challenges for health and social care services – namely those around finance, pressures on capacity and performance and quality, all of which are largely caused by the rising demand from a growing and ageing population.

These challenges are, of course, not unique to west Essex. They are evidenced nationally and are the realities that form the starting point of the national NHS Long Term Plan, published in January 2019, which sets out how services will be redesigned to future proof the NHS for the decade ahead.

Our approach is based on the principles of population health management – targeting our collective resources where they will have the greatest impact and improving the quality of care through better, affordable services.

Our key priorities are:

### **As an integrated system**

- Meeting people’s health and social care needs in a joined-up way in their local neighbourhoods and transforming
- Adopting a shared approach to treating people when they are ill - prioritising those with the highest levels of need and reducing variations in care
- Placing equal value and emphasis on people’s mental and physical health and wellbeing
- Driving the cultural and behavioural change to achieve the service transformation and improvements we need
- Ensuring we have the workforce, technology, contract and payment mechanisms in place to support our strategy and service delivery
- Joining up services where it makes sense to do so , so the patients see no distinction between the services being provided.

### **As a CCG**

- Delivering primary and community service integration through the development of our neighbourhood model into Primary Care Networks
- Managing demand away from our acute hospitals by circa 5% NELS and 9.63% attendances in 17/18 (against a 15/16 baseline) through high impact pathways and new models of care
- Achieve our financial control totals for 2019/20 through our transformational change programmes
- Improve delivery of the ED 4 hour constitutional standard to deliver and maintain 95% during 17/18
- Support Princess Alexandra Hospital Trust (PAHT) in continuing to improving its services and build a business case for a new hospital

These priorities are underpinned by the detailed commissioning intentions we published in November 2018, along with the finance, activity and outcome data shown in the technical appendices of this overall narrative.

A key outcome of the Health and Social Care Act (2012) was to set up a statutory Health and Wellbeing Board in every local authority area. Established on 1 April 2013, the boards offer the opportunity for system-wide leadership to improve both health and care services. In particular, they have a duty to promote integrated working and drive improvements in health and wellbeing.

The Health and Wellbeing Boards are responsible for:

- Leading on the production and regular updates of the Joint Strategic Needs Assessment (JSNA) as an assessment of local health and wellbeing needs across healthcare, social care and public health
- Producing and annually reviewing a Joint Health and Wellbeing Strategy in response to the JSNA, which will provide a strategic framework for local commissioning plans.

The Essex Joint Health and Wellbeing Strategy (JHWS) is the statutory document that sets out the priorities the partners in Essex will deliver together, working through the Health and Wellbeing Board and supported and informed by the Joint Strategic Needs Assessment (JSNA). It is not about taking action on everything at once, but setting a small number of key strategic priorities to make a real impact.

The current JWHS was the first for our county, and we want to take the learning from that and ensure the new strategy is ‘adding value’ to our work to improve the health and wellbeing of everyone in Essex and to reduce health inequalities.

The priorities for the updated JHWS will be:

- Improving mental health and wellbeing (including suicide prevention, tackling loneliness, specific autism panel);
- Tackling obesity, improving diet and increasing physical activity;
- Tackling behaviours that drive health inequalities (e.g. smoking and alcohol misuse);
- Improving support for long-term conditions and disabilities (including dementia).

Meanwhile, we are continuing to focus attention on the Better Care Fund – a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

### **Our leadership team**

Following a revision of the CCG’s constitution, there are now six elected GP board members to strengthen the clinical leadership of the CCG providing for two GP board members per locality. Two of the elected members will be nominated as the chair and deputy chair. As members of the leadership team, the GP members will have corporate responsibilities within the CCG.

<b>Clinical Voting</b>	<b>Non Clinical Voting</b>	<b>Attendees</b>
6 GP Members (from which Chair and Deputy Chair is appointed)	Chief Officer (Accountable Officer)	Consultant, Public Health
Director of Nursing and Quality	Director of Finance, Contracting and Performance (Deputy Chief Officer)	Essex County Council Representative
Secondary Care Consultant	3 Lay members	West Essex District Councils Representative

Chief Medical Officer	Local Authority Representative	
	Director of Transformation	
	Director of Primary Care and Localities	
	Director of Corporate Services	
<b>Total 9 clinical votes</b>	<b>Total 9 non clinical votes</b>	
<b>Total 18 voting members</b>		

### Summary of performance over the last year (2018/19)

The CCG has had a number of success stories over the past year, with West Essex maintaining its 'Good' rating by NHS England our regulator. The CCG was congratulated on its progress, particularly in relation to the delivery of key constitutional standards, financial performance, primary care delivery and its robust governance arrangements.

### Further information

Please see the CCG's website at [www.westessexccg.nhs.uk](http://www.westessexccg.nhs.uk) for more information, or contact Ian Tompkins, Director for Corporate Services, West Essex CCG at [ian.tompkins@nhs.net](mailto:ian.tompkins@nhs.net)