			Castle Point & Rochford CCG				Southend CCG				
Ref	Description	Period	Value	Peers	England	Trend	Value	Peers	England	Trend	Operational plan updates
Better Health											
102a	Percentage of Children aged 10-11 classified as overweight or obese	14/15 - 16/17	32.2%	8/11	72/195		32.00%	3/11	71/195		A significant amount of work has been undertaken in relation to 'health family' initiatives. The programme is facilitating system change locally. New pathways of care aim to make better use of local resources and set out to improve outcomes for children in three key development areas, with HENRY being part of the diet and nutrition strand: Social and emotional development: giving parents the skills to build stronger relationships, promoting good attachment and attunement. Communication and language development: developing skills in parents to talk, sing, read to, and particularly to praise their babies and toddlers and to ensure local childcare services emphasise language development. Diet and nutrition: encouraging breastfeeding and promoting good nutritional practices, giving practical advice on healthier meals for young children and portion sizes. The Healthy Child programme is commissioned by Essex County Council delivered through the 0-19 Essex Family Wellbeing Service delivered by Virgin Care. The NCMP referrals that come across from Virgin Care via SystmOne are triaged by the ECC Children's Weight Management Team who then offer a 1:1 service for the families who reside in the more deprived areas, and ECC have an interactive online programme for the families from the more affluent areas. The child Weight Management Team also receive referrals from GP's, parent/carers and school nurses working with children and families with additional needs and the team see them on a 1:1 basis. The 1:1 Service – Consists of a six week intervention where we see the child with the parent/carer. The Team cover aspects of behaviour change whilst underpinning the importance of living a healthy lifestyle. The team are able to offer a bespoke service to suit individual needs of each family. The Interactive Online Programme – Contains everything the Child Weight Management Team cover in the 1:1 sessions. The healthy eating messages are designed with interactive games the children can play throughout the programme. Time4Change (subject to number of referrals) – Also offer one off conference-style event for parents and children. The parents will receive all the information that we provide in the 6 week intervention by means of a power point presentation and activities. The children will learn the key messages through a physical activity session that runs simultaneously with the adult's session. There will be information stands with visual displays of health improvement resources. The ECC Child Management Team also invite local clubs to promote their activities to the families to help increase their physical activity. At the end of the session we showcase the online programme as a way the families can revisit the information after the event. All families are offered the Online programme if nothing else is suitable for them.
103a	Diabetes patients that have achieved all the NICE recommended treatment targets	2016/17	42.8%	4/11	32/195		43.10%	3/11	23/195		
103b	People with diabetes diagnosed less than a year who attend a structured education course	2016/17	22.5%	1/11	10/195		25.30%	1/11	4/195		
104a	Injuries from falls in people aged 65 and over	Q3 2017/18	2,018	6/11	11/195		2,264	7/11	140/195		Strength and balance falls services to to be commissioned. Key actions taking place are: 1. Finalise the spec, outcomes and KPIs. 2. Agree the pathway. 3. Confirm the activity – Baseline information in relation to referrals across both SOS and CP&R. Capacity map to be undertaken in terms of population need. (PH need to give a view on prevalence) and then what we can afford in the £200k envelope. There may well be opportunities for mixing classes and venues across both CCGs to make the service more flexible, if we have a rolling programme then people can duck in and out if they are unwell etc. 4. Procurement advice provided. 5. Communications strategy developed.
105b	Personal health budgets	Q1 2018/19	10.26	7/11	132/195		17.54	7/11	80/195		1. Liaison with NHSE National Lead for PHB to develop BAU approach to CHC Dom Care 2. NHSE Reporting requires all CHC Dom Care to be via PHB by April 2019. 3. CHC Action Plan being developed by 15th January 2019 4. Broader organisational discussion required as PHB affects all specialities; not just CHC. NHSE Expectation is that any and all opportunities to develop PHB should be explored and available to patients with identified health need. Paper to CMT in January.
106a	inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Q3 2017/18	2,147	7/11	98/195		2,236	4/11	108/195		Demand management schemes in place.

			Castle Point & Rochford CCG				Southend CCG				
Ref	Description	Period	Value	Peers	England	Trend	Value	Peers	England	Trend	Operational plan updates
107a	antimicrobial resistance: appropriate prescribing of antibiotics in primary care	Jul-18	1.045	8/11	107/195		1.124	4/11	148/195		**Reduction in Anti Microbial Prescribing: Specific antibacterial work** 1. Time To Learn session held with GPs in October. 2. Sending TARGET quarterly newsletters to GPs with updated information on new courses and resources on our website. 3. Letters sent to practices when their volume and/or Co-amox, cefs and Quins % are too high. 4. Two antibiotics practice visits planned for this week (w/c 19th November), in The Island Surgery in Canvey and in Ashingdon Practice, branch in Canvey. 5. Monitoring use of antibiotics in Nursing Homes in Southend area every 6 months to see the trend; next one in February. 6. Southend CCG now in third quartile (historically been in 4th quartile). CPR at 50th percentile.
107b	antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	Jul-18	10.6%	11/11	170/195		11.70%	11/11	186/195		As above.
108a	The proportion of carers with a long term condition who feel supported to manage their condition	2018	61.5%	5/11	54/195		58.30%	8/11	115/195		**Quality of life for carers with LTC who feel supported to manage their condition: Actions being taken by Southend CCG** The 'Carers Hub' in Southend provides information, advice, guidance and a range of services to support carers. The hub is a prime provider model encouraged to be innovative and creative with a holistic view and approach to the needs of the carer Alongside IAG, Counselling, Peer Support Groups, Emergency Planning Support, End of Life Support and Respite, Emergency and Ad-hoc Respite and a variety of Learning Courses are available. Innovation through the contract; Carers Hub teams work closely with locality teams, in locality based hubs and are key members of locality MDTs. Through delegated authority of SBC, the Carers Hub are piloting a project where they are undertaking Carer's assessments. In recognition of the enormous contribution of Carers to the local health and care economy, SBC and SCCG have established a joint fund to test and learn from new carers initiatives. Following a comprehensive engagement and tender process, awards have been made for a dedicated hospital Carers Support Worker, a Dementia carers Education and Well-being programme, enhancing the counselling and Family Support offers. Finally Sport for Confidence, a unique organisation, which supports people who face barriers to participation to get involved in a variety of sporting activities in mainstream settings. **Quality of life for carers with LTC who feel supported to manage their condition: Actions being taken by Castle Point and Rochford CCG** The Carers First service in CP&R offers information, support and guidance through a range of services. Social Groups provide informal, carer led support, dedicated hospital Carers Support Workers are in place and personalised 1-1 support through locality hubs is available. Carers First's teams work closely with locality teams, in locality based hubs and are key members of locality MDTs. The key objectives for Carers First are ; Identify Carers - Raising awareness about what it means to be a Carer enabling people to recognise themselves as Carers and seek information. Also encouraging the wider community, including employers and schools, to recognise Carers. Support Carers to have a life of their own - Supporting Carers to maintain other areas of their lives i.e. work and leisure activities and encouraging them to reach out to others for support. Support Carers to stay healthy - Provide information and activities to support Carers to maintain their own health and wellbeing and manage the impact caring has on their life and support them to make changes. Informal carers support from Age UK is linked into Care Co service, as well as "Carers Choices", a charity that offers support to Young
Better Care											
121a	Provision of high quality care: hospital	Q1 2018/19	60	5/11	102/195		59	6/11	123/195		SHMI: The CCG has observed a 4th drop in SHMI level. GP attendance continued at the Mortality group and involvement in EOL audit. Latest Apr 17-Mar: 18 1.0992 (new data to be published 22nd Nov)
121b	Provision of high quality care: Primary Care	Q1 2018/19	62	11/11	191/195		65	9/11	140/195		
121c	Provision of high quality care: adult social care	Q1 2018/19	65	1/11	5/195		63	1/11	43/195		
122a	Cancer diagnosed at early stage	2016	53.4%	5/11	80/195		54.9%	4/11	52/195		Diagnostic capacity - Trust looking for a locum to increase capacity. CNS appointed early December - start date awaited.
122b	People with urgent GP referral having first definitive treatment for cancer with 62 days of referral	Q2 2018/19	75.0%	9/11	144/195		71.6%	10/11	174/195		Key Actions being undertaken: 1. Increased urology two week wait slots introduced. 2. Focussed work being undertaken at the beginning of the pathway to reduce pathway delays. 3. Renal waits will improve in early 2019 following recruitment of additional surgeon.
122c	One-year survival from all cancers	2015	72.7%	4/11	63/195		71.4%	3/11	115/195		
122d	Cancer patient experience	2017	8.88	3/11	46/195		8.81	8/11	79/195		

			Castle Point & Rochford CCG				Southend CCG				
Ref	Description	Period	Value	Peers	England	Trend	Value	Peers	England	Trend	Operational plan updates
123a	Improving Access to Psychological Therapies - recovery	Q1 2018/19	50.5%	7/11	133/195		52.0%	7/11	99/195		Recovery action plan prepared with EPUT (combined with CPR access performance) £125k additional investment to increase service capacity in Q4 in advance of IAPT expansion in 2019/20. 8 WTE additional staff have been funded and EPUT has recruited 6.5 WTE who are now in post.
123b	Improving Access to Psychological Therapies - access	Q1 2018/19	3.9%	5/11	131/195		4.5%	3/11	60/195		
123c	People with first episode of psychosis starting treatment with a NICE-recommended packed of care treated within 2 weeks of referral	Sep-18	76.0%	6/11	100/195		69.2%	8/11	130/195		Ensure KPIs are agreed Develop ARMS proposal Exceeding standard in both CCGs.
123d	Children and young people's mental health services transformation (not available)										Implement joint business case with SCCG in relation to redesigning community paediatric services: 1. Project Initiation document agreed 2. Model of care co –produced and agreed 3. Business case agreed through CCG governance by September 2018
123f	Mental health out of area placements (bed days per 100,000) not available										In progress
123e	Mental health crisis team provision (not available)										Plans in place to ensure that there is 24/7 mental health crisis service in place by 2020/21.
123g	MH - health checks (not available)										Deliver annual health checks and interventions in line with guidance to people with severe mental health illness: Baseline agreed and work taking place to increase against baseline.
123h	MH - cardio metabolic assessments (not available)										
123i	MH - investments standard	Q1 2018/19	Compliant				Compliant				Funding set aside.
123j	MH - DQMI (not available)										
124a	Reliance on specialist inpatient care for people with a learning disability and/or autism	Q1 2018/19	43	4/11	43/195		43	1/11	43/195		Transforming Care remains a key priority for both CCG's. The Essex programme is forecast to deliver on the target for NHSE funded in-patients (there are currently 34 NHSE funded in-patients against an end of year target of 33). The target for CCG funded in-patients remains challenging (there are currently 28 CCG funded in-patients against an end of year target of 21) as the patients still to be discharged from hospital have complex needs, but plans are in place to achieve the end of year target. The CCGs continue to invest in Autism Spectrum Disorder (ASD) services, implementing the following actions: Development of a Multi Agency Neurodevelopment pathway that is needs led and implements support at the earliest possible intervention to Children, Young People and families a kin to One Planning principles.
124b	Proportion of people with a learning disability on the GP register receiving an annual health check	2016/17	46.3%	8/11	115/195		53.5%	3/11	60/195		Recovery plan in place. Practice visits continue with EPUT nurses to validate registers, share good practice and ensure consistency through the correct template usage. Comms team working with client group to increase awareness of checks. Visits well received by practices.
124c	Completeness of the GP learning disability register	2016/17	0.4%	6/11	140/195		0.57%	5/11	44/195		Recovery plan in place. Practice visits continue with EPUT nurses to validate registers, share good practice and ensure consistency through the correct template usage. Comms team working with client group to increase awareness of checks. Visits well received by practices.
125d	Maternal smoking at delivery	Q1 2018/19	8.2%	2/11	64/195		8.3%	2/11	66/195		Smoking prevalence in adults: Smoking prevalence remains higher in Southend than the England average and this is reflected in the higher proportion of hospital admissions attributed to smoking related conditions and work is taking place to understand what further actions can be undertaken by the local system to support a reduction in smoking prevalence locally.
125a	Neonatal mortality and stillbirths	2016	3.7	5/11	57/195		4.4	5/11	27/195		In March 2017 the Local Maternity System was established, this allowed service users, providers and commissioners to operate as a local maternity and new born system within an STP boundary to ensure women and babies are able to access the services they need and chose in the community as close to home as possible.
125b	Women's experience of maternity services	2017	83.1	5/11	95/195		81.9	9/11	129/195		
125c	Choices in maternity services	2017	51.2	11/11	193/195		54.3	11/11	185/195		
126a	Estimated diagnosis rate for people with dementia	Oct-18	66.7%	8/11	121/195		77.8%	4/11	27/195		The impact of the Dementia Navigators is that they offer flexible and accessible support to both the person with dementia and their families. The Navigator ensures the person has support through their dementia journey to End of Life and help to navigate the system.
126b	Dementia care planning and post-diagnostic support	2016/17	66.2%	11/11	194/195		71.3%	10/11	188/195		Support to access social care/ medical interventions/emotional and practical advice. Social Isolation and Social opportunities. Sustainability of Dementia Diagnosis Rate – community/clinical/leadership Care plan reviews – new template and process to be trialled in GP practice. East of England Clinical Support Team - Post Diagnostic Support Toolkit The South East Essex Dementia Community Support Team has been shortlisted for the Local Government Chronicle "Team of the Year" Award
127b	Emergency admissions for urgent care sensitive conditions	Q3 2017/18	2,482	9/11	120/195		2,859	6/11	153/195		

			Castle Point & Rochford CCG				Southend CCG				
Ref	Description	Period	Value	Peers	England	Trend	Value	Peers	England	Trend	Operational plan updates
127c	Percentage of patients admitted, transferred or discharged form A&E within 4 hours	Oct-18	91.3%	1/11	51/195		90.3%	6/11	68/195		Recovery plan in place, delivery monitored by the A&E Delivery Board.
127e	Delayed transfers of care per 100,000 population	Sep-18	9.0	2/11	85/195		4.6	2/11	23/195		A&E Social Worker is now being trialled to identify patients within the Emergency Department to prevent unnecessary admission and also identify early patients requiring discharge planning earlier in the patient pathway. As part of Winter Room system support, daily 09:30 complex discharge huddle to identify any challenges around capacity and resilience early. Integrated Discharge Manager appointed September 2018, supporting with integration of SUHFT Discharge Team, Southend Borough Council Social Work team and Essex County Council Social Work team. Carers support worker and dementia navigator currently in place to support with navigation. Home first / Discharge to Assess - Under consideration by CCG. Increased Discharge Team presence on SUHFT site at weekends. Trusted assessors - workstream underway. Choice policy being reviewed, across MSB group. Enhancing health - Highly successful joint demand management QIPP has been in place during 2017/18 and 2018/19 to support with training. GP practices aligned to care homes.
127f	Population use of hospital beds following emergency admission	Q3 2017/18	401.6	1/11	22/195		373.3	1/11	8/195		
105c	Percentage of deaths with three or more emergency admissions in last three months of life	2017	7.8%	11/11	187/195		7.0%	9/11	165/195		
128b	Patient experience of GP services	2018	82.8%	9/11	120/195		80.1%	11/11	159/195		
128c	Primary care access - percentage of registered population offered full extended access	Aug-18	0.0%				0.0%				Services are contracted to fully meet NHS England Access Targets.
128d	Primary care workforce	Mar-18	0.92	8/11	120/195		1.03	2/11	61/195		Primary Care Workforce: 79 people in CPR and 50 people in Southend have now completed Care Navigation Training. 21 additional locality based clinical staff in place or recruited to support practices and more being recruited. International GP Recruitment: 11 GPs on the scheme across the STP. CPR CCG – 1 GP on the medical performer's list with no conditions, 1 GP waiting acceptance on the performers list (with conditions) before commencing IRS phase. Southend CCG - 1 GP on the medical performer's list with no conditions, 1 GP waiting acceptance on the performers list (with conditions) before commencing IRS phase. GP Retention – Communication materials have been created to offer various support including mentoring, coaching, and involvement in the development of local neighbourhoods to implement the primary care strategy to help shape future models of care. Dedicated Project Manager has been recruited. 15 minute pilot project group established to implement across the Benfleet locality. Regional assurance meeting positive. National assurance meeting scheduled for the 30 November 2018.
128e	Primary care transformation investment	Q1 2018/19	Green	1/11	1/195		Green	1/11	1/195		Priorities for spend have been agreed by the Clinical Executive Committee and an investment plan has been identified in line with these.
129a	Patients waiting 18 weeks or less from referral to hospital treatment	Sep-18	86.3%	6/11	113/195		85.8%	8/11	119/195		Recovery plan in place.
130a	Achievement of clinical standards in the delivery of 7 day services	2016/17	1				1				
131a	Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting	Q1 2018/19	0.0%	1/11	1/195		5.4%	7/11	86.195		Action plan in place to support continued improvements against this standard.

			Castle Point & Rochford CCG				Southend CCG				
Ref	Description	Period	Value	Peers	England	Trend	Value	Peers	England	Trend	Operational plan updates
132a	Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG	2017	Green				Green				Sepsis workstream in place and key deliverables include: 1. Investment in sepsis awareness training within care homes and care agencies (1732 people in total since April 2017). 2. Held a number of awareness and training sessions targeted at care agency staff, voluntary / third sector workers, parents and carers of children with physical disabilities / LD, GPs and practice staff. 3. Communications plan dedicated to Sepsis implemented through newspaper and social media. 4. Telehealth system piloted within 18 care homes in Southend to support the reduction of sepsis within care homes. 5. Audits undertaken with SUHFT in relation to children aged 0-4 years old with Sepsis and catheters on discharge. 6. Sepsis Early Warning Signs added to SystemOne and awareness raised with GPs at Time To Learn. 7. Sepsis training provided as mandatory training to community provider staff.
133a	6 week diagnosis	Sep-18	1.3%	3/11	102/195		1.2%	6/11	96/195		Recovery plan in place.
Sustainability											
141b	In-year financial performance	Q1 2018/19	Green				Amber				On track to breakeven.
144a	Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Sep-18	95.70%	3/11	32/195		97.2%	4/11	30/195		G ERS monitored daily by SUHFT call centre to ensure appointments are available and that they are meeting contractual requirements. Contractually agreed that all local providers are using the ERS. All practices are on NHS Choices. eRS Implementation group meetings takes place with clinicians and service managers, this meeting is used to look into utilisation rates, referral patterns to identify trends and also pick up on any patients concerns.
145a	Expenditure in areas with identified scope for improvement	Q1 2018/19	Red				Amber				
Leadership											
162A	Probity and corporate governance	Q1 2018/19	Fully compliant				Fully compliant				
163a	Staff engagement index	2017	3.72	9/11	149/195		3.72	9/11	155/195		The overall indicator for staff engagement for Basildon and Thurrock University Hospital NHS Foundation Trust was 3.79 and was and was average when compared to Trusts of a similar type. The overall indicator for staff engagement for Essex Partnership NHS Foundation Trust was 3.76 and was average when compared to Trusts of a similar type. The overall indicator for staff engagement for Southend University Hospital NHS Foundation Trust was 3.71 and was in the lowest (worst) 20% when compared to Trusts of a similar type. The CCGs' monitor the Trusts performance against this standard as part of the contract performance process and actions being undertaken by the Trust to improve performance against this standard continue to be monitored.
163b	Progress against Workforce Race Equality Standard	2017	0.11	5/11	72/195		0.11	6/11	77/195		The CCGs have included a post in the revised structure that is responsible for ensuring compliance against the workforce RES. This is reflected in the CCGs' OD Strategy and training plans.
164a	Effectiveness of working relationships in the local system	2017/18	73.41	3/11	46/195		65.58	8/11	119/195		Following the CCGs' 360 stakeholder survey results, detailed action plans have been put in placed to build on our working relationships across the system. External support has been commissioned through GGI to support with this process.
166a	Compliance with statutory guidance on patient and public participation in commissioning health and care	2017	Amber				Amber				As part of the move towards a joint management structure across the two CCGs, an additional post was included within the Communication Team dedicated to patient engagement. Working with local stakeholders and supported by the wider communications team to implement the Communications and Engagement Strategy which supports compliance against this standard.
165a	Quality of CCG leadership	Q1 2018/19	Amber				Red				Revised Executive structure established in May 2017 and fully appointed to by February 2019. Good Governance Institute commissioned to support Governing Body development across both CCGs. SCCG's Improvement Plan included a significant number of actions relating to this standard and these have now been implemented.

Key

- Worst quartile in England
- Best quartile in England
- Interquartile range