

The Way Ahead

What's your view?

**A guide to healthcare commissioning plans 2014 – 2019
for the people of Braintree, Chelmsford and Maldon**

Invitation to get involved

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such as large type, different language, audio
version?**

Please contact us on 01245 459 459

If your group or organisation would like a meeting, please contact us on **01245 459 459**.

For full details on how to get involved in the mid Essex healthcare commissioning plans 2014 – 2019, please see section 6.

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1. What's in this document?

Commissioning plans explained

Mid Essex Clinical Commissioning Group (CCG) leads the NHS that serves the communities of Braintree, Chelmsford and Maldon.

One of our main duties is to buy health services on your behalf, to make sure that they are there for you when you need them and that they meet the safety, quality and clinical outcomes standards of the NHS. We plan this every year, and must remain strictly within the limits of the funds that are allocated to us in mid Essex.

This is commissioning - a complex job that requires research on local health needs, knowledge about new technology and best practice, a tight grip on finances and an insight into what matters to patients. Based on these things, we agree commissioning plans every year, working closely with clinicians, public service partners and local people.

In this document, we summarise the current commissioning plans, ask for your views on the way ahead and invite you to get involved in putting these plans to work.

The big challenge for mid Essex

Mid Essex CCG is one of the best performing CCGs in the region for service quality and health outcomes; but Mid Essex CCG is in financial deficit.

Healthcare is costing more than the money available to us. At the end of 2013/14, we overspent by £9.1 million on a budget of just under £400 million.

As well as high quality services, we need financial stability to bring the best of modern healthcare to our future population. We have to overcome the financial pressures and set a plan that will sustain high quality care and build healthy communities, while staying within the limits of our allocated funding.

We are therefore presenting two plans:

- a five-year plan that sets out the big transformational programmes to create an affordable healthcare service for the future
- a two-year Financial Recovery Plan with savings schemes to improve our financial position.

Both plans are in draft form at the moment and may change as a result of discussion and feedback. The plans are due for final approval at the CCG Board on 25 September 2014.

The five-year plan

The five-year plan sets out a series of transformation programmes designed to improve health outcomes and meet the rising demands of our growing population.

The main programmes cover every stage in life, as we explain later in this document. All programmes are joint with local service providers and other partners. They are:

- Children and young people
- Living safe and well
- Mental health
- Immediate care
- Long term conditions
- Frailty
- End of life care

Important to all of the above is a strategy to develop GP services and other primary care services. We are working on this in partnership with NHS England (Essex), our member GP practices and other health and care partners.

Financial Recovery Plan for 2014/15 and 2015/16

The short-term plan for 2014/15 and 2015/16 begins to tackle the urgent need to return to financial stability. This is a Financial Recovery Plan showing how the CCG intends to reduce costs, while maintaining service quality and outcomes for patients.

The two draft plans are available from our website, along with details of open public workshops and other ways to help put these plans to work. View the draft plans at: www.midessexccg.nhs.uk/about-us/ccg-board-meetings/board-papers/cat_view/1-key-documents/2-board-papers/76-june-2014

View details of public workshops at: www.midessexccg.nhs.uk/public-consultations/public-workshops

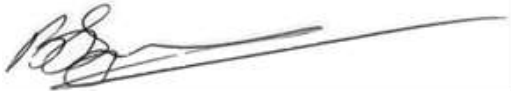
The Way Ahead – what’s your view?

We are encouraging people to get involved on any of the following levels:

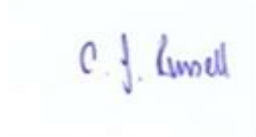
1. Have a say on the current plans – **feedback by 15 September 2014**
2. Have a say on how best to put plans into practice and/or help shape future plans - **feedback by 30 October 2014**
3. Have a say on specific proposals for consultation
4. Play a part in developments where you have a particular interest
5. Stay in touch by joining our CCG involvement network

For more details on how to get involved, see the information in section 6 of this document.

We are very much looking forward to listening to your views and to working with you over the coming year towards better care for the people of mid Essex.



Dr Bryan Spencer
Interim Chair



Caroline Russell
Accountable Officer

2. The way ahead for healthcare in mid Essex

Our vision is communities working together to create innovative and sustainable local services, delivering integrated, first class health and social care for all.

What this means in practice:

- Healthy and resilient communities and individuals taking responsibility for their own health.
- Everybody working together to meet each person's individual needs.
- Care available seven days a week, but using the right services at the right time in the right place.
- Better outcomes from our efforts – more lives saved, better quality of life and patient experiences.
- Stability and sustainability so that our local services are able to meet the rising demands for healthcare in the future.

3. Background on the way healthcare is changing

Healthcare trends and projections

Planning healthcare means planning for greater demands. People are living longer and so we are seeing an increase in long-term conditions and more people with complex needs.

The Kings Fund, a national organisation which does research for health policy, predicts that the number of diseases will double due to people living longer and suffering the impact of unhealthy diet and lack of exercise.

This is one of the main reasons why the NHS across the country is under pressure. All organisations are working to avoid costs increasing beyond the money available.

At the same time, technology will transform the way people use health services in the future. Precision medicine such as genetic sequencing will revolutionise our ability to predict and prevent a range of conditions. We will be able to treat people uniquely, knowing their precise medical make-up. Pharmaceutical innovation promises to tackle many common diseases, including dementia. Remote technologies, even smart phone apps will make it possible for people to manage their own healthcare and for professionals to help them, frequently without the need for a face-to-face appointment or hospital stay.

Technology gives us the potential to respond to growing demands. Importantly for planning ahead, technology is leading away from healthcare being centred in a hospital and towards healthcare being centred on a person.

The difficulty is that innovation can be a double-edged sword. On the one hand it gives us the answers to the big economic challenge facing the NHS, and on the other hand it creates more demand and more financial pressure.

Our challenge is to:

- Keep up the pace of innovation and change locally
- Prepare our systems to work differently
- Know when and where to invest, while returning to and remaining in financial balance

Health in mid Essex

Mid Essex covers 522 square miles of urban and rural populations.

Compared with other CCG areas, mid Essex is relatively affluent and has above the England average health outcomes in terms of people living longer, with fewer people dying early from cancer and heart disease, for example.

However, we still face increasing demands from a growing population, which is forecast to increase to 410,000 by 2021 from 383,600 in 2013, which is a 7% rise.

The 65-75 year group is forecast to increase by 29% and the over 75s to increase by 39%. According to the Department of Health, the number of people with multiple long-term conditions is set to rise over the next six years by 3.5%.

4. Understanding the financial position

Mid Essex CCG has a financial deficit. The annual cost of health care is currently greater than our annual funding allocation. We must find savings and get back into financial balance in order to move forward with sustainable healthcare services in future years.

Our particular financial challenge is greater than most other CCGs. Together with our service provider partners, such as Mid Essex Hospital Services NHS Trust, North Essex Partnership University NHS Foundation Trust, Provide, our main community services provider, and with pressure on the Essex County Council social care budget, we are considered one of 11 most financially challenged healthcare systems in the country.

Some of the particular difficulties in mid Essex are:

- Funding per head of population is in the lowest 15%, because the population overall is in better health than other areas and therefore the national funding formula assesses the mid Essex need for funding as relatively low.
- National funding allocations are not exactly in line with calculated needs and Mid Essex CCG is currently receiving less than our assessed funding requirement.

Mid Essex has been managing these financial pressures throughout the last decade. Many opportunities have already been seized to reduce waste and create efficiency savings. As a consequence, our use of expensive hospital procedures compares well with other similar areas.

Having said that, some of the previous plans to make savings did not progress as fast as we intended. We know there is much more that we can do to make savings. This is not just about money. It is about making the changes we need to meet the healthcare demands of the future. Transforming services delivers better, more convenient care for patients as well as being more efficient financially.

The NHS in mid Essex delivers high quality services, frequently ranking above other areas in terms of performance against standards.

We are keen to maintain this for our patients, and part of this means taking difficult decisions about priorities.

For details where the CCG ranks nationally on performance, visit:

www.nhs.uk/Service-Search/Clinical-Commissioning-Group/sq88ra/Results/589/0.110971868038177/52.0172004699707/1/0?distance=25

NHS England is supporting Mid Essex CCG with a team of external experts to assist with service and financial planning. The Boston Consulting Group and KPMG is providing help with analysis and innovation research, as well as challenging our thinking to go further.

Estimated figures in the current draft financial plan

The total budget for Mid Essex CCG in 2014/15 is just over £400 million. While there will be some growth in our annual allocations over the next five years, this will not match the projected increase in demands each year.

If we did nothing to change and improve services, we would carry on being in debt year after year, as the table shows in the first line below.

Based on our current plans, the table below shows the savings we expect to make after making investments to redesign services. On this basis, we expect to achieve financial balance at the end of 2017/18.

	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Forecast "Do Nothing" recurrent (Deficit)	(21.7)	(17.8)	(13.4)	(8.0)	(7.3)
Forecast Net Savings	6.0	11.6	8.0	8.0	8.0
Forecast in year (deficit)/surplus	(15.7)	(6.2)	(5.4)	0.0	0.7
Forecast cumulative savings	6.0	17.6	25.6	33.6	41.6

Please note, these figures may change as a result of discussion and feedback over the next few months. The CCG Board will approve a final plan on 25 September 2014.

5. The way ahead - what's in the plans?

This section gives you a summary of the plans for healthcare in mid Essex for the immediate short term and the next five years. If you would like to read the full five year plan and the Financial Recovery Plan for 2014/15 and 2015/16, please visit our website: www.midessexccg.nhs.uk/about-us/ccg-board-meetings/board-papers/cat_view/1-key-documents/2-board-papers/76-june-2014

The Mid Essex CCG five-year plan

Overview

To achieve the vision of our communities working together for first class health and social care, our five-year plan includes a series of linked transformational programmes.

Each programme follows a common theme:

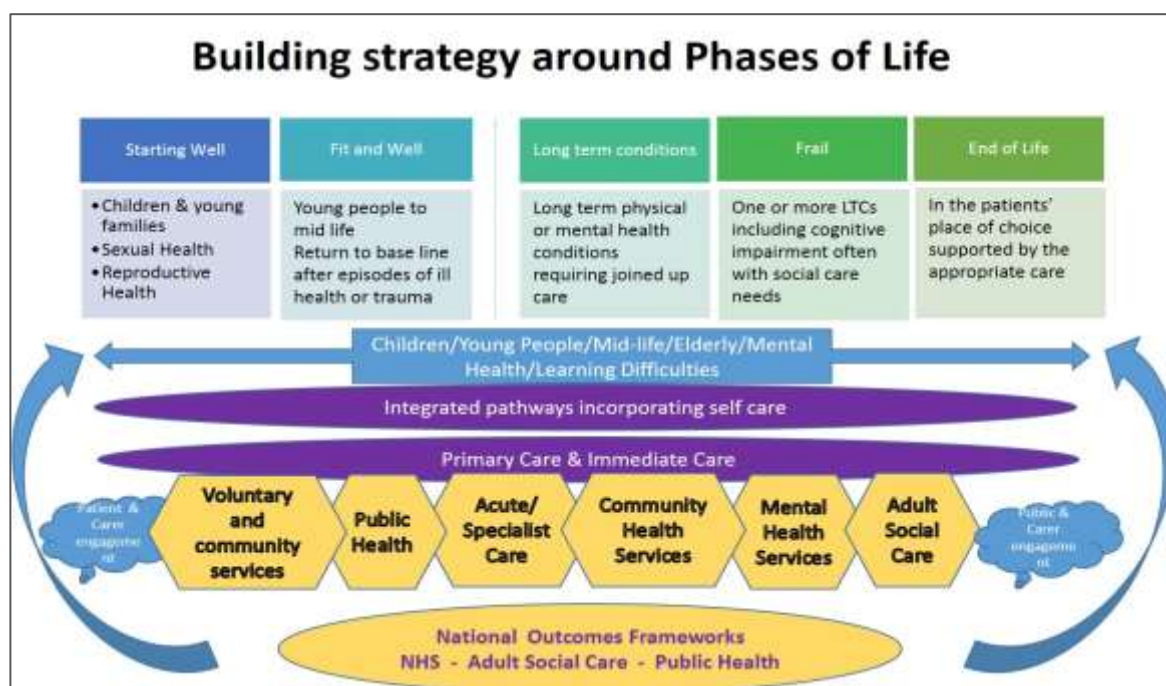
- To do more in terms of prevention, with everyone working together on this
- To target those who are at greater risk
- To avoid crises, prevent deterioration and support recovery

Each programme involves working partnerships to create joined up health and care services where services have been running separately in the past. A national initiative called the *Better Care Fund* will help to make joined up care a reality. This is where the NHS and local authorities are pooling some of their budgets so that services can pull together in the same direction to transform care.

What we expect from our five-year plan is to achieve better health and better care for local people, within the funds we are allocated; and to be prepared for the rising demands of our growing population.

Transformation programmes designed around the main stages of life

1. Children and young people
2. Living safe and well
3. Mental health
4. Immediate care
5. Long term conditions
6. Frailty
7. End of life care



The following sections give an overview of each main transformation programme. Each programme is in the early stages of a five-year plan of action. They all have significant potential to make savings. Where these are mentioned, they are only initial estimates at this stage.

Your participation at this point will help to determine the actions we take next year and beyond.

1. Children and young people

This programme is mainly about how services work together for the greater benefit of children and young people. It will mean more effective care for children and young people as part of their daily lives at home and in education. Services will work together from local centres, and will avoid the need for hospital visits and stays wherever possible.

Who we are caring for	Around 70,000 families with children and young people. Around 6,000 women who give birth every year
Change over five years	Moving from relatively fragmented to joined up services – education, social, primary, community, hospital and specialist care
Planned outcomes	Reduce potential years of life lost Improve quality of life for children and young people with

	<p>long term conditions</p> <p>Reduce avoidable emergency admissions to hospital</p> <p>Improve patient experience in primary care</p>
Approach	<p>Care for the “whole person” and family involving:</p> <ul style="list-style-type: none"> • Helping children, young people and their families to learn to manage their own health and remain independent. • Mixed teams of professionals working with individual patients and families • Greater input from mental health • Better links with voluntary services • Fewer hospital visits and stays
Highlights	<p>Holistic care for children and young people with multiple long term conditions</p> <p>Redesigning pathways of care for children and young people across community services and hospitals</p> <p>Redesign of children and adolescent mental health services (across Essex – separate programme but linked in)</p> <p>Continuing programme to safeguard children and young people (Essex-wide)</p>

2. Living safe and well

This programme is mainly about achieving healthy lifestyles and behaviours. Essex County Council leads the work, with input from the CCG, district and city councils, voluntary sector and others.

Who we are caring for	Whole population of mid Essex (currently over 380,000, estimated to reach 410,000 by 2021)
Change over five years	Individuals and communities better educated in self-care, using healthcare services wisely and showing better health and resilience.
Examples of planned outcomes	<p><u>Reductions in:</u> preventable deaths, seasonal deaths, cancers, falls, heart diseases, obesity, teenage pregnancy, sexually transmitted infection, the need for care and support.</p> <p><u>Improvements in:</u> wellbeing, people feeling safe and secure, quality of life, early diagnosis and treatment of mental health conditions, people with mental health problems in paid employment.</p>
Approach	Tackling inequalities and putting as much emphasis on

	<p>health and wellbeing as we do on treating ill health. Working with the Essex Health and Wellbeing Board to ensure:</p> <ul style="list-style-type: none"> • Every child has the best start in life • People have every opportunity to make better lifestyle choices and enjoy a healthy life • Older people remain independent for as long as possible
Highlights	<p>Local communities involved with innovative self-care schemes</p> <p>Signposting appropriate healthcare services and working with our communities to use limited healthcare resources wisely</p> <p>Healthchecks and early detection of people at risk, including those who may be hard to reach</p> <p>Early identification of people at risk of stroke</p> <p>Improve access to GP services and other primary care</p> <p>Improvements in services to prevent obesity, including services in schools</p> <p>Tobacco control and other services to stop smoking</p> <p>Recognising the vital influence of housing on health and working with local housing authorities and providers</p>

Mental health

This programme is mainly about doing more for people with mental health problems and at an earlier stage through joined up working between health and social care. It connects with every other transformation programme, recognising that people have a mix of mental and physical health problems. It is estimated that improvements in mental health could deliver up to £2 million in savings over the next five years.

The work is led by the North Essex Mental Health and Learning Disabilities Commissioning Support Team, working with the three CCGs in north Essex and Essex County Council.

Who we are caring for	An estimated 100,000 local people with mental health needs.
Change over five years	Moving from relatively fragmented services that tend to treat mental and physical health problems separately to more joined up services across primary, community and specialist care, with more support in the community.
Planned	Our vision is that people will have good mental health and

outcomes	<p>people with problems will recover. We expect to see a positive impact on physical health and vice versa.</p> <p>We intend to:</p> <ul style="list-style-type: none"> Reduce potential years of life lost, including reducing suicides Improve quality of life for people with long term conditions Reduce avoidable emergency admissions to hospital and specialist care Improve patient experience in primary care
Approach	<p>Our first line approach is to help people to look after their own mental health. After that it is about easier access to more effective care, directly or through your local GP, where mental health problems are seen as part of your whole wellbeing - mental and physical.</p>
Highlights	<ul style="list-style-type: none"> Suicide prevention programme Further development of psychological therapy in primary and community care Education programme for general practice and development of GPs with special interests e.g. Dementia Strategy for personality disorders Developing services to bring back patients who are going outside mid Essex for care Review and redesign of mental health services

Immediate care

Immediate care is when you need assistance urgently, or unexpectedly. It can range from treatment for minor problems to care for life-threatening emergencies. One of the challenges for the local NHS is to avoid unnecessary demands on ambulance and hospital accident and emergency services, which have been facing growing pressures for some years.

In this programme, we estimate that improvements for patients can also mean savings for the health and care system of up to £2.5 million or more over the next five years.

Who we are caring for	Whole population.
Change over five years	Moving from relatively confusing and sometimes disconnected local services to a joined up system with the right care in the right place at the right time, including helping people with self-care.

<p>Planned outcomes</p>	<p>Reduce potential years of life lost Improve quality of life for people with long term conditions Avoid emergency admissions to hospital Improve patient experience</p> <p>We expect to:</p> <ul style="list-style-type: none"> • Avoid unnecessary attendances at hospital accident and emergency services • Avoid unnecessary hospital admissions • Maintain waiting times targets for ambulance and accident and emergency services • Increase public awareness of self-care and appropriate use of immediate care services.
<p>Approach</p>	<p>This programme has a plan to link up all health and care services that provide immediate care, and to simplify this for patients.</p> <p>An important part of the work is a proposal to develop a 24/7 primary care hub in the same location as hospital accident and emergency services at Broomfield. This would act as a central point of contact for immediate care making it easier for patients to reach the right services at the right time.</p> <p>This will work alongside the NHS 111 telephone service, which anyone can ring 24/7 when they need immediate care.</p> <p>The hub would include GP services, access to diagnostic tests, GP out of hours, mental health crises teams, rapid assessment unit for frail and older people, pharmacy social care and potentially the voluntary sector. This would be the first point of call for anyone arriving at the hospital with an immediate care need. (Blue light ambulance cases would go straight to accident and emergency). The proposed new service design would not include walk-in services at the North Chelmsford Health Centre.</p> <p>We are involving local people in a consultation on how best to make this work, and how other local services, such as GP surgeries, would work with the hub.</p>
<p>Highlights</p>	<p>Development of the immediate care programme with partners and local people. Self-care education campaign Pilot to test extended hours and 7 day working for GPs Procurement of a single integrated immediate care service</p>

Long-term conditions

Long-term conditions are those for which there is no cure such as diabetes, asthma, heart disease and some mental health problems. Some conditions pose a serious threat to life and need careful management on a daily basis. Nationally, people with long-term conditions account for 50% of all general practice appointments, 64% of clinic outpatient appointments and 70% of inpatient bed days.

With the increase in older people in the population, the number of people with long term conditions and multiple conditions is increasing year on year.

Evidence in this country and elsewhere shows that crises can be avoided through people taking a greater role in their own healthcare, early intervention and personalised health and social care.

It is estimated that by ensuring widespread best practice and good patient care, the system could save between £5 million and £7 million every year.

Who we are caring for	An estimated 100,000 people with long-term conditions, including around 12,000 people with multiple long-term conditions.
Change over five years	Moving from relatively fragmented and reactive services to a joined up network of services that can identify and support people at risk at an earlier stage.
Planned outcomes	<p>Reduce potential years of life lost Improve quality of life for people with long term conditions Reduce avoidable emergency admissions to hospital Improve patient experience</p> <p>We expect to see fewer hospital outpatients and admissions.</p>
Approach	<p>Clinical evidence shows the importance of people being skilled at managing their own condition and treatment. The components to achieve this are:</p> <ul style="list-style-type: none"> • Patients engaged in decisions about their care • Supported self-management • Coordinated care • Prevention, early diagnosis and intervention • Emotional, psychological and practical support <p>Currently, people with long-term conditions may receive care from several different and frequently unconnected</p>

	<p>services. The better approach is to have all care coordinated by a multidisciplinary team with shared clinical information. This means one point of call for both patients and staff and ensures that all services work together in a planned way.</p> <p>Good care for long-term conditions requires a major change in the way services are organised and run, and changes in professional practice and behaviour. For example, it means GPs having more time with their most needy and complex patients and hospital services designed around people as opposed to being based around single diseases and outpatients.</p> <p>Health and social care should work together more than they do currently and there is a greater role for the voluntary sector in providing support as part of the care programme.</p>
Highlights	<p>New information systems</p> <p>Pilot to test new ways of working that break through traditional organisational boundaries and practices</p> <p>Development of a new service specification</p>

Frailty

The frailty programme is about health and social care for people who have become dependent upon others and/or may be at risk of deterioration. It can be due to long term conditions, mental health problems, physical difficulties or simply a loss of confidence.

It is estimated that better care for frail people could save around £1.5 million over the next five years.

Who we are caring for	Over 2,000 frail people.
Change over five years	Moving from relatively fragmented and reactive services to multidisciplinary teams that can care for people in their own home to maintain independence and avoid crises.
Planned outcomes	<p>Reduce potential years of life lost</p> <p>Improve quality of life for frail people</p> <p>Reduce avoidable emergency admissions to hospital</p> <p>Improve patient experience</p> <p>We expect to avoid unnecessary hospital admissions for this group of people.</p>
Approach	Improving care for frailty relies on a system for GP

	<p>practices to assess the risks of deterioration in each individual case.</p> <p>Mixed teams of health and social care clinicians linked to each GP practice work with their identified frail patients and their carers to anticipate their needs and plan care.</p>
Highlights	<p>GP and hospital clinicians using a risk assessment tool and register of frail patients</p> <p>Pilot to trial service model</p> <p>New service specification</p> <p>Coordinated care through a lead provider overseeing all services</p> <p>Health and social care teams sharing information</p> <p>Quick access to community services through a single point of access for clinicians</p>

End of life care

The end of life programme aims to support people with advanced, life-limiting conditions to live as well as possible during their last year of life. It also takes into account the needs of family and carers throughout this time and into bereavement.

It is estimated that better end of life care could save around £1.4 million over the next five years.

Who we are caring for	Around 3,000 people and their families each year.
Change over five years	Moving from relatively fragmented and reactive services to identifying and caring for people approaching end of life, so that they have the support they need to die in their preferred place of care.
Planned outcomes	<p>Improve quality of life for people reaching the end of life</p> <p>Reduce avoidable emergency admissions to hospital</p> <p>Improve patient and carer experience</p>
Approach	<p>Single point of access to all care that the patient needs.</p> <p>Care provided in the patient's chosen place, whether at home or in a different care setting.</p>
Highlights	<p>Joined up health and social care with personal care plans based around the needs of the patient and their carers</p> <p>End of life clinical leads in each GP practice</p> <p>Care planning register of end of life patients</p> <p>Improved access to community nurses to give families care</p>

	and other support when needed Rapid access to specialist hospice care 2 year pilot to test the concept New specification for services
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The financial recovery plan 2014/15 and 2015/16

Overview

The Mid Essex CCG Financial Recovery Plan describes the CCG's financial position and the actions to deliver savings over the next two years that will make progress towards financial stability in 2017/18.

The CCG, with support of NHS England and expert external advisers, has set a target to deliver £6 million (net) savings in 2014/15 and £11.6 million in 2015/16.

The plan relies on a list of schemes, which are designed to release savings relatively quickly, but wherever possible by changes that will make savings year on year, rather than one-off savings.

To see a full list of the schemes in the current draft plan, please visit our website at: www.midessexccg.nhs.uk/about-us/ccg-board-meetings/board-papers/cat_view/1-key-documents/2-board-papers/76-june-2014

Examples of proposed savings schemes for 2014/15 and 2015/16

Schemes	Estimated gross full year savings
Reduce waste in prescribed drugs	£1.8m
Annual review of service restrictions with policy changes in referrals to some services	£1.8m
Increased use of psychological therapies in the community	£1.6m
Improvements in assessments for and purchasing continuing healthcare	£1m
Pilot rapid response service for end of life patients	£850k
Price negotiations with service providers	£550k
Improvements in GP services, where referrals are above expected levels	£550k
Savings on equipment purchases	£500k
Ending the pilot single point of referral scheme – a process where GP referrals go to one place to ensure best use of healthcare services. Found insufficient benefits.	£400k
Better control of the use of tests and scans	£240k
Ensuring proper use of patient transport for those who have	£200k

a medical need	
Testing for deep vein thrombosis to be done in GP surgeries, rather than in hospital	£190k

Please note: these figures may change as a result of discussion and feedback over the next few months. The CCG Board will approve a final plan on 25 September 2014.

6. How to get involved

We are encouraging people to get involved on any of the following levels:

1. Have a say on the current plans – **feedback by 15 September 2014**
2. Have a say on how best to put plans into practice and/or help shape future plans - **feedback by 30 October 2014**
3. Have a say on specific proposals for consultation
4. Play a part in developments where you have a particular interest
5. Stay in touch by joining our CCG involvement network

Have a say on the current plans

If you would like to make a specific suggestion on the five-year plan and/or the two-year Financial Recovery Plan, please let us have your views in writing by **15 September 2014**.

You can do this by using our online feedback form or by completing and returning the feedback form by email or by post (*see details below*). To submit your views online, please go to: www.surveymonkey.com/s/5SMHZDL

Your feedback will be summarised in a report to the CCG Governing Body for consideration at its public meeting on 25 September 2014, when the CCG will approve the plans.

Have a say on how best to put plans into practice and/or help shape future plans

Join the discussion at one of our open public workshops. You can book places online or by contacting the CCG office (*see details below*).

If you would like a separate discussion for your group or organisation, please contact us on **Tel: 01245 459 459**.

The final date for feedback is **30 October 2014**. To submit your views in writing, please completing and returning the feedback form by email or by post (*see details below*) or submit your views online, please go to: www.surveymonkey.com/s/5SMHZDL

Open public discussion workshops

The following events are designed to involve people in discussions about the full picture of commissioning plans for the next five years.

DATE	TIME	VENUE
28 th July	7-9pm	Maldon Town Hall, Market Hill, Maldon, Essex, CM9 4RL
29 th July	7-9pm	Spring Lodge, Powers Hall End, Witham CM8 2HE
30 th July	2-4pm	Cathedral Chapter House, Cathedral Walk, Chelmsford, CM1 1NX
4 th Sept	7-9pm	Club Woodham, 5-7 Baron Road, South Woodham Ferrers, CM3 5XQ
8 th Sept	2-4pm	Maldon Town Hall, Market Hill, Maldon, Essex, CM9 4RL
10 th Sept	7-9pm	Cathedral Chapter House, Cathedral Walk, Chelmsford, CM1 1NX
11 th Sept	7-9pm	Council Chamber, Braintree Town Hall, Fairfield Road, Braintree, CM7 3YG,

To book places at any of the events above, please go to:

www.midessexccg.nhs.uk/public-consultations/public-workshops

Or contact the CCG offices on **01245 459 459** or email: meccg.ppe@nhs.net

Have a say on specific proposals for consultation

Where our commissioning plans involve proposals to change services in a way that has a significant impact on patients, we will hold specific consultations.

Currently, there are two issues for specific consultation. Further details on these are/will be posted on our website.

Current specific consultations are:

- ***Your views on Specialist Fertility Services***
Consulting from 27 June to 8 Sept 2014. The CCG will make a decision regarding the future policy at its Board meeting on 25 September 2014.
- ***Your views on Immediate Care services, (including an alternative approach to current walk-in services at North Chelmsford Healthcare Centre)***
Consulting from August to October 2014. The CCG will consider this issue at its Board meeting on 27 November 2014.

For further details on these specific consultations, please visit our website at: www.midessexccg.nhs.uk/public-consultations

Play a part in developments where you have a particular interest

If you have time available and you are interested in working closely with us, we would like to hear from you.

We are seeking volunteers to help with our transformation programmes and the many projects to put plans into practice.

Please write to us with the following details:

- Your name and how best to contact you
- The area of healthcare transformation in which you have a particular interest
- Some background on you e.g. age, career, any experience of public service
- A bit about why you want to be involved and details of any experience or knowledge you feel you can bring.

Please send your information to:

Mid Essex Clinical Commissioning Group
Wren House
Hedgerows Business Park
Colchester Road
Chelmsford
Essex CM2 5PF

Or email: meccg.ppe@nhs.net

Stay in touch by joining our CCG involvement network

We have a list of several hundred people who want to stay in touch with Mid Essex CCG. If you would like to join this register, we will send you:

- updates on the latest developments in health and care in mid Essex
- invitations to events and workshops
- requests for your views on developments at an early stage.

Please register by completing our online registration form or by sending a completed form to us by email or post.

The online registration form may be found at:

http://www.midessexccg.nhs.uk/about-us/our-key-documents/doc_download/993-register-for-the-mid-essex-ccg-involvement-network

A copy of the form and the address to send it to is included at Appendix 3 of this document.

Address for returning feedback forms and contact for further information

Mid Essex Clinical Commissioning Group
Wren House
Hedgerows Business Park
Colchester Road
Chelmsford
Essex CM2 5PF

Email: meccg.ppe@nhs.net
Telephone: 01245 459 459

Appendix 1 – Initial distribution list

BME minority liaison contacts in mid Essex
Children's Centres in Mid Essex
District, Town and Parish Councils in mid Essex
Essex CCGs and CSU
Essex County Council (including Adult Social Care Services and Children and Young People's Care Services)
External support organisations involved in mid Essex health economy
Health and Wellbeing Board
Health Overview and Scrutiny Committee
Healthwatch
Hospitals and service providers in Essex
Local MPs
Mid Essex contacts for groups representing people with disabilities
Mid Essex Patient Reference Groups
Mid Essex Primary Care Forum
Mid Essex System Leadership Group
NHS England (Essex and Midlands and East)
Patient participation groups (Trusts and GP practices)
Press and media contacts
Specialist Fertility Services providers
Voluntary sector organisations in mid Essex

Appendix 2 – Feedback questionnaire on five-year plans and two-year financial recovery plan

For information, below is a copy of the feedback questionnaire that is available online or in paper copies during this consultation.

The Way Ahead—what's your view?

Healthcare commissioning plans 2014 – 2019 for the people of Braintree, Chelmsford and Maldon.

We appreciate you taking the time to let us know your views on the way ahead for healthcare in mid Essex.

If you have access to the Internet, you may find it easier to submit your responses online. The online feedback form is at the following link:

<https://www.surveymonkey.com/s/5SMHZDL>

You can also download a copy of this questionnaire from our website at the following link:

<http://www.midessexccg.nhs.uk/public-consultations/the-way-ahead>

Completed questionnaires may be returned by email to meccg.ppe@nhs.net, or by post to:

Mid Essex Clinical Commissioning Group

Wren House

Hedgerows Business Park

Colchester Road

Chelmsford

Essex

CM2 5PF

Please note:

If you would like to influence the draft plans for 2014/15, please send your feedback by 15 September 2014.

If you are interested in how best to put plans into practice and/or shaping future plans, the final date for feedback is 30 October 2014.

For each question please tick clearly inside one box using a black or blue pen.

Personal information

Q1 What is your age?

- 14 and under
- 15-24
- 25-44
- 45-64
- 65-74
- 75-84
- 85+

Q2 Sex

- Male
- Female
- Add your own term here

Q3 Ethnic origin

- White
- Mixed/Multiple Ethnic groups
- Asian or Asian British
- Black/African/Caribbean or Black British
- Other ethnic group (please state)
.....

Q4 Do you have a registered disability?

- Yes
- No

Q5 Where in mid Essex do you live, or represent?

- Braintree District
- Maldon District
- Chelmsford City
- All three parts of mid Essex
- Outside of mid Essex (please state)
.....

Q6 Of the following categories, please tick the one that best represents your position relevant to this consultation

- Local resident
- Experienced user of fertility services
- Community representative (e.g. councillor, patient group member)
- Voluntary sector representative
- GP / GP practice
- Primary care provider
- Hospital / community services staff
- If you are responding on behalf of a group or organisation, please give the name of your group or organisation
.....
.....
.....

Please state your position in the group or organisation

.....
.....

The Way Ahead – what’s your view?

What best describes the way you would want to manage your healthcare over the next five years?

Me in charge, taking responsibility for my own health, using information and technology, but with professional backup when needed

Give me a budget and help me to plan my own annual services – I’ll make my own decisions

Regular help and attention from health services

Doctors and nurses should decide what’s best for me

Any other comments to add?

What best describes your viewpoint on making best use of local health services?

People should do more to stay healthy and help to reduce demands on healthcare

Public services should do more to keep people healthy

People could use services less if they had better information and support

Some services should have a charge

Services should be freely available at any time, whatever the demands may be

Other (please state)

What did you have in mind when making your choice?

From your perspective, which one of the following areas of care would you put first for service redesign?

Maternity	<input type="checkbox"/>	Frailty – help at home	<input type="checkbox"/>
Child care and support	<input type="checkbox"/>	On-going support for a long term condition	<input type="checkbox"/>
Aches and pains and minor health problems	<input type="checkbox"/>	Residential care	<input type="checkbox"/>
Support for staying healthy / avoiding illness	<input type="checkbox"/>	End of life care	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	Carers	<input type="checkbox"/>
Emergency and immediate care services	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hospital services	<input type="checkbox"/>		

What redesign or improvement did you have in mind in making your choice?

Where in healthcare or any particular service would you say there was scope for greater efficiency and savings?

Given the financial pressure on mid Essex, what concerns you most about healthcare in the next five years?

Having thought about what's in our discussion document, please give a brief explanation of any ideas or suggestions you may have for healthcare improvement under the following transformation programmes:

Children and young people

Living safe and well

Mental health

Immediate care

Long term conditions

Frailty

Having thought about what's in our discussion document, please give a brief explanation of any ideas or suggestions you may have for healthcare improvement under the following transformation programmes:

Frailty

End of life

Any other comments?

Please complete this survey by 15 September 2014 and post it to:

**Mid Essex Clinical Commissioning Group
Wren House
Hedgerows Business Park
Colchester Road
Chelmsford
Essex CM2 5PF**

Thank you for taking the time to complete this questionnaire.

Appendix 3 – Register for the Mid Essex CCG Involvement Network

Mid Essex CCG Involvement Network Form

Name:.....

Address:.....
.....
.....
.....
.....

Postcode:.....

Email address:.....

District:

- Braintree
- Chelmsford
- Maldon

Area of health you are interested in:

.....
.....
.....

Background/Relevant Experience:

.....
.....
.....
.....
.....

Thank you for completing this form.

Please email the completed form to: meccg.ppe@nhs.net or post to: Mid Essex Clinical Commissioning Group, Wren House, Hedgerows Business Park, Colchester Road, Chelmsford, Essex, CM2 5PF.