14 July 2016	**ITEM: 8**

Thurrock Health and Wellbeing Board

Update on Mid and South Essex Success Regime

Wards and communities affected:	**Key Decision:**
All	For information and discussion

Report of: Andy Vowles, Programme Director, Mid and South Essex Success Regime

Accountable Head of Service: Not applicable

Accountable Director: Chief Executive

This report is public

Executive Summary

This paper provides a brief update on the progress of the Mid and South Essex Success Regime (SR) and Sustainability and Transformation Plan (STP). It explains how the STP covers all aspects of health and care including prevention.

The STP includes coordination with other pre-existing strategies that are Essex-wide, such as mental health and learning disabilities. The SR concentrates on the top priorities for transformation as recommended by an intensive review that reported in December 2015.

While the STP is still at the drafting stage, some of the major workstreams within the SR are well underway and these are highlighted in the report. The SR is preparing for a period of wider engagement and a high level summary of engagement is included in the appendices.

1. Recommendation(s)

1.1 The Board is asked to note the update.

1.2 The Board is recommended to continue participating in discussions within the Mid and South Essex Success Regime and STP engagement and consultation programmes, which include stakeholder meetings and joint meetings of the Essex, Southend and Thurrock Health and Wellbeing Boards.

1.3 The Board is recommended to review progress and plans at its next meeting in September and subsequent meetings.

2. Introduction and Background

2.1 This paper summarises the current position of the Mid and South Essex Success Regime (SR) and Sustainability and Transformation Plan (STP). A progress update published in May is included in *appendix 1*. While some information given in this previous update has been superseded, it provides a helpful recap on the SR and its aims.

2.2 The STP is a five-year plan for securing a sustainable health and care system in mid and south Essex. Covering the period October 2016 to March 2021, it sets out the vision and the transformation that is required to achieve it. It includes strategic change programmes for all aspects of health and care from prevention to specialist services, including plans for mental health and learning disabilities.

2.3 The Success Regime (SR) is an intensive programme designed to tackle the most significant challenges and to achieve financial balance. The SR has a narrower focus on the areas considered as priorities for change, where both the pressures and the potential to make a positive impact are greatest. It brings in additional management expertise, financial support and provides a system-wide programme structure to plan and deliver service transformation at pace.

2.4 The SR was initially a three-year programme but to avoid unnecessary complication this is now translated to cover the same five-year planning period as the STP.

2.5 At the last meeting of the Health and Wellbeing Board, members considered a summary of the overall Success Regime plan, which had been published on 1 March. Since that time there have been a number of developments, including the following:

- National guidance has clarified the requirements of health and care systems to produce and publish their STPs.

- NHS England agreed that the “footprint” for the STP would match that previously agreed for the Mid and South Essex Success Regime, which includes Thurrock Council together with five clinical commissioning groups, Essex County Council, Southend Council, three hospital trusts, four community trusts and all GP practices and primary care services within the five CCG areas. *A map is attached at appendix 2.*

- A first draft STP is to be submitted to NHS England by 30 June. This has been completed in partnership with all the organisations involved, including Thurrock Council. This initial confidential draft is for the purposes

of discussions with NHS England colleagues during July. The draft will then be shared for further engagement and refinement, leading to completion in September/October 2016.

- The Success Regime (SR) has mobilised a number of workstreams and planning groups to develop potential options for service change. Emerging options will become clear during July and will undergo further testing and refinement with the aim of completing proposals for change within a pre-consultation business case in September 2016.

- The three hospital trusts agreed in May to form a joint committee to oversee the major change programme under the SR. The committee is chaired by Professor Sheila Salmon from Mid Essex Hospital Services NHS Trust. The lead chief executive is Clare Panniker, who is currently CEO of both Basildon and Thurrock University Hospitals NHS Foundation Trust and Mid Essex Hospital Services NHS Trust.

- The five CCGs within mid and south Essex have agreed to collaborate with a view to forming a joint arrangement by October.

- A comprehensive engagement plan is set for implementation in July to September, which will involve a wide range of service users, public, staff, clinicians and partners. This will publish the main elements of the STP and SR in July and update audiences on proposed options in September, prior to further public consultation later in the year.

3. Issues, Options and Analysis of Options

3.1 In this section, we summarise the current thinking and provide an update on some of the key Success Regime workstreams for potential service transformation.

3.2 Overall strategic direction for SR/STP

<u>For people</u>

- More emphasis on helping people to stay well and tackling problems at an earlier stage to avoid crises.
- Joined up health and care services to provide more care for people at home and in the community, avoiding the need for a visit to hospital.
- New technologies and treatments to do more for people without the need to be in hospital, even in a crisis.
- When people do need the specialist care that only a hospital can provide, collaboration between hospitals and other services will ensure the best possible clinical staff and facilities.
- By redesigning some hospital services, the improvements in staffing levels and capability will mean safer, more effective, more compassionate care for patients.

For services

- Build stronger health and care localities
    - Join up primary, community, mental health and social care linked to hospital and other services
    - Organise around GP clusters serving natural communities of 40,000-50,000 people
- Develop new models of care to ease the pressure on urgent and emergency care and avoid hospital admissions:
    - Greater emphasis on prevention – through new ways of working in localities
    - Develop new models of care for people with complex needs
    - Improve and coordinate urgent care response services e.g. 111 and ambulance

- Address clinical and financial sustainability of local hospitals by:
    - Increasing collaboration and service redesign across three sites
    - Sharing back office and clinical support services.

- Implement the recommendations of the Essex Mental Health Strategic Review:
    - Further integrate mental health and dementia services at local level with primary, community and social care
    - Merge the existing two main service providers in Essex to improve specialist care.

3.3 **Update on localities and primary care**

- Ian Stidston, Accountable Officer of Castle Point and Rochford CCG leads the workstream with working groups drawn from all five CCGs and partners.

- As well as national and local evidence, the model builds on the current developments in Tilbury where there are plans to create a new centre offering joined up care and multi-disciplinary teams.

- The aim of this workstream is to support localities in development through the following four levels, reaching level 4 across mid and south Essex over the planning period.

    - Level 1 – collaboration and consistency across the locality
    - Level 2 – cooperation and shared services with improvements in access e.g. 7-day working
    - Level 3 – further collaboration and facilities to offer new services, such as clinics that would have traditionally been in hospital
    - Level 4 – full transformation and further expansion of links e.g. with voluntary services and housing.

3.4 **Update on new models of care – priority on frailty and end of life**

- Dr Bryan Spencer, ex-local GP from mid Essex leads the workstream with working groups drawn from all five CCGs, the three local authorities, primary, community and voluntary sector partners.

- Mandy Ansell, Interim Accountable Officer for Thurrock CCG is the lead CCG accountable officer for the frailty workstream.

- The main strategic points for this workstream are:

    - Greater emphasis on prevention – strengthening resilience – support for individuals and communities
    - Early identification and care planning
    - Stratification of risks for patients to identify those in greatest need
    - Proactive care closer to home with a personalised approach and care planning
    - Integrated multidisciplinary support for each individual within the higher risk categories
    - Holistic patient-centred care
    - Better use of technology and innovation e.g. shared care records, systems to monitor health and wellbeing and intervene at the earliest possible stage
    - Developing the future workforce – changing culture towards more personalised and planned care, new roles and flexibilities to work across organisations and settings.

- The initial focus is on people aged over 75, followed by other complex care groups. The workstream is tackling four areas of development:

Identification and care planning
- Risk stratification
- Multi-disciplinary teams
- Holistic care plans
- Information sharing

Proactive care delivery
- Out of hospital services
- Single point of access
- Health and social care integration
- Care homes service development
- Falls services

Interface between community and hospital
- Blueprint for Frailty Assessment Units
- Integrated frailty assessment team
- Mental health reviews within 4 hrs
- Dementia support specialists
- Discharge to Access

End of life
- Blueprint for end of life pathways
- Identification and care planning
- System-wide education
- Outcomes aligned to 6 national ambitions
- Raising public awareness

3.5 **Update on "In Hospital" workstream**

- This workstream is coordinated by Clare Panniker as lead chief executive for the joint committee of the three hospital trusts involved; however, the work on clinical service change is clinically driven by the three medical directors under the leadership of Dr Ronan Fenton from Mid Essex Hospital Services NHS Trust. There are some 60 senior clinicians currently involved in this work.

- There are three main strands within the workstream:
    - Clinical services reconfiguration and redesign
    - Clinical support collaboration
    - Shared back office functions

- <u>Clinical services</u>
  Hospital clinicians from a range of professions and specialties are gathering evidence and service user insight to develop options for some services to work as single services across the three hospitals.

  Broad principles for this work:

    - Start from a service user perspective
    - Avoid moving or replicating high fixed cost services: maintain some "givens"
    - Ensure deliverability in 2-3 years: no major new builds, use of existing infrastructure
    - Ensure clear rationale for any service redesign: if no clear rationale, then no change
    - Design along pathways: move care between hospital and community, and increase integrated working
    - Consider opportunities to incorporate technology and innovation
    - Criteria for service change:
        - Better clinical outcomes: meet national recommendations and move towards best practice quality standards e.g. Royal Colleges
        - Sustainable clinical workforce: move towards best practice workforce standards and improve training opportunities e.g. Royal Colleges
        - Efficiency and productivity: deliver services at a lower cost, where possible
        - Access: maintain appropriate access to services
        - Interdependencies: maintain appropriate clinical adjacencies

- <u>Clinical support</u>
    - Building on current collaboration between the hospitals in terms of clinical support services
    - Currently involves 9 sub-workstreams and includes Pharmacy, Radiology, Medical Physics, Pathology, Clinical Sterile Services

- Back office functions
    - Looking at opportunities to share and standardise functions across the three hospitals
    - Currently involves 12 sub-workstreams

- Current thinking on clinical service change
  The clinical services part of the workstream is preparing to move into its next phase of wider engagement to discuss and test the principles and scenarios with service users, staff and stakeholders, while gathering further clinical evidence and considering in more detail the operational, capital and financial implications.

- The starting point for the emerging model of clinical services includes "givens" that the following centres of excellence should remain as is:

    - Cardiothoracic centre at Basildon
    - Plastics and Burns at Chelmsford
    - Cancer and Radiotherapy services at Southend

- For other services, where clinically appropriate, services could move out of hospital into community settings where there are benefits to be gained and facilities to receive them e.g. dermatology and pain services to begin with.

- All three hospitals could provide a range of services for the majority of patients, including emergency care.

- There are major benefits in establishing a designated site for life-threatening and specialist emergencies. Some majors would be taken direct by ambulance and some transferred from the other two hospitals. (In line with Willetts and other national recommendations). This is already the model for serious heart attacks and multiple injuries.

3.6 **Timescales**

July – Sep	Develop emerging options and pre-consultation business case (PCBC) Wider engagement with service users, clinicians, staff and local people
Sep/Oct	Finalise PCBC Regional checkpoint
Oct/Nov	National Investment committee assurance process
Nov-Mar	Public consultation
Mar-May	Outcome analysis, decision-making business case and assurance process Final decisions for implementation

See appendix 3 for a summary of engagement.

4. Reasons for Recommendation

4.1 The Health and Wellbeing Board is a key partner in the Success Regime and STP. The Board oversees improvement in the health and wellbeing of the people of Thurrock. It is important that the work of the SR and the aims of the STP align with Thurrock's Health and Wellbeing Strategy and that the partnership across mid and south Essex is to the greater benefit of all residents.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The SR/STP programme team is also in discussion with the Thurrock Health and Wellbeing Overview and Scrutiny. We have already reported to the Committee with an overview of the Success Regime and noted the views of members. We will continue to update the committee via Democratic Services and make arrangements for further consultation.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The Essex Success Regime will contribute to the delivery of the community priority 'Improve Health and Wellbeing'.

7. Implications

7.1 Financial

One of the objectives of the Essex Success Regime is to respond to the current NHS funding gap across the Mid and South Essex geographical 'footprint'. A number of work streams have been established as part of the Success Regime to drive forward necessary savings and to improve quality of care provided to users of services. As a system-wide issue, partners from across the health and care system are involved in the work of the Success Regime. This will help to ensure that any unintended financial consequences on any partners of what is planned as part of the Success Regime are identified at the earliest opportunity and mitigated. Further implications will be identified as the work of the Success Regime continues and these will be reported to the Health and Wellbeing Board as part of on-going updates.

Thurrock have a finance representative involved in the Success regime and any financial implications, when known, will be reflected in the MTFS.

Jo Freeman
Management Accountant Social Care and Commissioning

7.2 **Legal**

Legal implications associated with the work of the Success Regime will be identified as individual work streams progress. The Success Regime process itself will meet the requirements of NHS statutory duties, including the Duty to Involve and Public Sector Equality Duty.

Implications will be reported to the Board as part of on-going updates.

Roger Harris
Corporate Director of Adults, Housing and Health

7.3 **Diversity and Equality**

Within the SR communications and engagement programme, we will undertake actions that take full consideration of equality issues as guided by the Equality Act 2010.

During the wider engagement phase (see details attached at appendix 1) and as part of the full consultation phase, we will make use of the Essex Equality Delivery System that was first established in 2011/12. This includes details and guidelines for involving minority and protected groups, based on inputs from and agreements with local advocates.

We will incorporate discussions with such groups, as part of service user engagement within individual work streams, to test equality issues and use the feedback to inform a community equality impact assessment to be included in the pre-consultation business case and decision-making business case.

Becky Price
Community Development Officer

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None identified

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

For further background information please visit:
http://castlepointandrochfordccg.nhs.uk/success-regime

9. Appendices to the report

- Appendix 1 – Progress Update No.3 as at 12 May 2016
- Appendix 2 – Map showing the "footprint" of the SR/STP

- Appendix 3 – High level summary of communications and engagement

Report Author:

Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime

Appendix 1

Mid and South Essex
Success Regime

Mid and South Essex Success Regime

A programme to sustain services and improve care

Progress update

Update no.3 – 12 May 2016

What's in this briefing

- Quick recap
- Progress update
- Workstreams in progress
- Next steps and milestones
- How to have your say
- Further information

Quick recap

The Success Regime brings national support to those areas in the country where there are deep-rooted, systemic pressures. Building on transformation that is already happening, it offers management support, financial support and a programme discipline to speed up the pace of change.

The Success Regime in mid and south Essex gives us the opportunity to realise the full potential of our workforce and provide the best of modern healthcare for local people.

Area and services involved

Service providers
Basildon and Thurrock University Hospitals NHS Foundation Trust
East of England Ambulance Service NHS Trust
Mid Essex Hospital Services NHS Trust
NELFT NHS Foundation Trust
North Essex Partnership University NHS Foundation Trust
Provide
Southend University Hospital NHS Foundation Trust
South Essex Partnership University NHS Foundation Trust

Clinical commissioning groups (CCGs)
Basildon and Brentwood
Castle Point and Rochford
Mid Essex
Southend
Thurrock

Local authorities:
Essex County Council
Southend-on-sea Borough Council
Thurrock Council

All health and social care services are involved in the programme, including some 183 GP practices, community services, mental health and social care and hospital services.

Six areas for change

1. **Address clinical and financial sustainability of local hospitals by:**
    - Increasing collaboration and service redesign across three sites
    - Sharing back office and clinical support services.

2. **Accelerate plans for changes in urgent and emergency care, in line with national recommendations e.g.:**
    - Doing more to help people avoid problems and get the right help
    - Developing same day services and urgent care in communities, to reduce unnecessary visits and admissions to hospital
    - Designating hospital sites for specialist emergency care.

3. **Join up community-based services** – GPs, primary, community, mental health and social care – around defined localities or hubs.

4. **Simplify commissioning**, reduce workload and bureaucracy e.g.:
    - Reduce the number of contracts from around 300 to around 50
    - Commission services on a wider scale e.g. with one lead provider where several may be involved
    - Agree a consistent and common offer to focus on priorities and identify limits of NHS funding.

5. **Develop a flexible workforce** that can work across organisations and geographical boundaries.

6. **Improve information, IT and shared access to care records**.

Why we are doing this

We need to keep up with the pace of change and demands on health and care so that we can do more for people now and in the future. If we took no action, the current NHS deficit in mid and south Essex could rise to over £216 million by 2018/19, and we would not be able to meet year on year growing demands.

Our aim is to get the system back into balance by 2018/19 and deliver the best joined up and personalised care for patients. The kinds of changes we are looking to make have major benefits for patients, such as:

- More emphasis on helping people to stay well and tackling problems at an earlier stage to avoid crises.

- Joined up health and care services to provide more care for people at home and in the community, avoiding the need for a visit to hospital.

- New technologies and treatments to do more for people without the need to be in hospital, even in a crisis.

- When people do need the specialist care that only a hospital can provide, collaboration between hospitals and other services will ensure the best possible clinical staff and facilities.

- By redesigning some hospital services, the improvements in staffing levels and capability will mean safer, more effective, more compassionate care for patients.

Progress update

- An overall plan to develop options for change was published on 1 March. For further information, please visit: http://castlepointandrochfordccg.nhs.uk/success-regime

- The three acute hospitals have agreed arrangements in principle for working as a group with a joint committee to oversee collaboration. The joint committee arrangements are due for approval by Trust boards in May.

  Clare Panniker is lead chief executive for the committee. Clare is chief executive of Basildon and Thurrock University Hospitals NHS Foundation Trust and interim chief executive of Mid Essex Hospital Services NHS Trust. Professor Sheila Salmon, chair of Mid Essex Hospital Services NHS Trust, is the joint committee chair. Alan Tobias, chair of Southend University Hospital NHS Foundation Trust is vice-chair of the joint committee.

- The five CCGs are working on collaborative arrangements to be agreed over the summer to improve commissioning and reduce bureaucracy e.g. reducing the number of contracts for commissioning healthcare.

- Workstreams have been set up under the two broad headings of:
  - *Local Health and Care* – developing and integrating services in the community
  - *In Hospital* – involving further collaboration and service redesign between the three main hospitals in mid and south Essex.

  Other workstreams led by the Success Regime programme office include shared care records, communications and engagement and finance.

- Workstreams under Local Health and Care currently involve a range of clinicians and frontline staff from primary, community and social care, with plans to involve service users and voluntary and independent sector representatives.

- The In Hospital workstream currently has an acute leaders group of around 30 clinicians and service leaders. They have already held a listening event with service users and more will follow.

- Early discussions with stakeholders have so far involved, for example:

    - Healthwatch Essex, Thurrock and Southend
    - Lead officers and members of the three local authorities
    - Essex, Southend and Thurrock Health and Wellbeing Boards
    - Essex and Southend local authority scrutiny committees
    - Local MPs
    - CCG governing bodies and primary care practice members
    - Staff in CCGs and acute trusts

    The three Healthwatch bodies and Essex Health Overview and Scrutiny Committee organised an all-day conference on 18 April for patient experience and service user representatives. Involving around 70 people, the delegates discussed ways in which service users could be involved.

    In Your Shoes, a listening event took place on 28 April with around 30 clinicians and 30 service users. The event invited people to talk about their experiences in emergency care, what matters to them and how they would like to see improvements. Among various themes, the overall top priority for improving urgent and emergency care was considered by those who attended to be “access to GPs and prevention”.

Workstreams in progress

The following workstreams have been set up to tackle the priorities identified by the Success Regime diagnostic review, which took place towards the end of last year. Other workstreams will be added to the programme over the next year.

Local Health and Care – current workstreams

Frailty and End of Life care

- Initial focus is on the over 75 age group, but the work will expand at a later date to include care for adults of all ages with complex long term conditions
- The work is looking at:
    - Care at the interface between community and hospital, including the development of frailty assessment units
    - Identifying people at risk and systems to manage care around individuals
    - Proactive health and care, such as health and social care planning, falls prevention and support to care homes.

Workstream leads – Bryan Spencer, Jane Hanvey
Communications and engagement leads – Rachel Harkes (Frailty) rachelharkes@nhs.net and Romina Bartholomeusz (End of Life) romina.bartholomeusz@nhs.net

For further information contact rachelharkes@nhs.net

Redesign of Pain services and Dermatology

- Looking at options for shifting outpatient services from acute hospital settings to community services
- Pain and Dermatology have been identified by clinical leaders as areas that need to shift in line with clinical good practice and opportunities for improving patient outcomes
- Other potential services for similar moves will follow

Workstream leads – Dan Doherty, Ravi Suchak (Dermatology), Simon Thomson (Pain services)
Communications and engagement leads – Claire Hankey (Pain services) claire.hankey@southend.nhs.uk , Victoria Parker (Dermatology) Victoria.parker@meht.nhs.uk
For further information contact claire.hankey@southend.nhs.uk

"Common offer"

- Reviewing current commissioning policies and thresholds to improve consistency across mid and south Essex.

Workstream lead – Dan Doherty
Communications and engagement lead – Paul Ilett paulilett@nhs.net
For further information contact danieldoherty@nhs.net

Primary and community care

- Building on developments that are already taking place within the five CCG areas to join up primary, community and social care around GP practices.
- Looking at the benefits of groups of practices working together in localities.

Workstream lead – Ian Stidston
Communications and engagement lead – Claire Routh crouth@nhs.net
For further information contact Claire Routh crouth@nhs.net

In Hospital – current workstreams

Clinical services

Hospital clinicians from a range of professions and specialties are gathering evidence and service user insight to develop options for some services to work as single services across the three hospitals.

Broad principles for this work:

- Start from a service user perspective
- Avoid moving or replicating high fixed cost services: maintain some "givens"
- Ensure deliverability in 2-3 years: no major new builds, use of existing infrastructure
- Ensure clear rationale for any service redesign: if no clear rationale, then no change

- Design along pathways: move care between hospital and community, and increase integrated working
- Consider opportunities to incorporate technology and innovation

Criteria for service change:

- Better clinical outcomes: meet national recommendations and move towards best practice quality standards e.g. Royal Colleges
- Sustainable clinical workforce: move towards best practice workforce standards and improve training opportunities e.g. Royal Colleges
- Efficiency and productivity: deliver services at a lower cost, where possible
- Access: maintain appropriate access to services
- Interdependencies: maintain appropriate clinical adjacencies

Workstream leads – Ronan Fenton, Celia Skinner, Neil Rothnie
Communications and engagement lead – Wendy Smith wendy.smith60@nhs.net
For further information contact claire.hankey@southend.nhs.uk

Clinical support

- Building on current collaboration between the hospitals in terms of clinical support services
- Current scope includes Pharmacy, Radiology, Medical Physics, Pathology, Clinical Sterile Services

Workstream lead – Jon Findlay
Communications and engagement lead – Ian Lloyd ian.lloyd@btuh.nhs.uk
For further information contact Jon Findlay jon.findlay@southend.nhs.uk

Back office functions

- Looking at opportunities to share and standardise functions across the three hospitals
- Currently involves 11 sub-workstreams

Workstream lead – James O'Sullivan
Communications and engagement lead – Ian Lloyd ian.lloyd@btuh.nhs.uk
For further information contact ian.lloyd@btuh.nhs.uk

Next steps and milestones

May-Aug	Further detailed planning within workstreams, includes service user involvement
June/July	Wider patient, clinical and staff engagement
July	Update on options development and further engagement
Sep	Notification of details for consultation
Oct – Dec	Main consultation on proposed options for change

Jan 2017	Outcome of consultation
Feb	Discussions with HOSC and others prior to decision-making
March	Formal decisions for change
April and ongoing	Implementation

How to have your say

1. Send us your views in writing

   Please write to us at england.essexsuccessregime@nhs.net

2. Hold a discussion within your team, group or organisation

   Local trusts, CCGs and other organisations are arranging staff briefings. Check your staff news, talk to your line manager or contact your local Communications team.

3. Invite us to attend your meeting

   If you would like a representative to attend your meeting, please contact us on england.essexsuccessregime@nhs.net

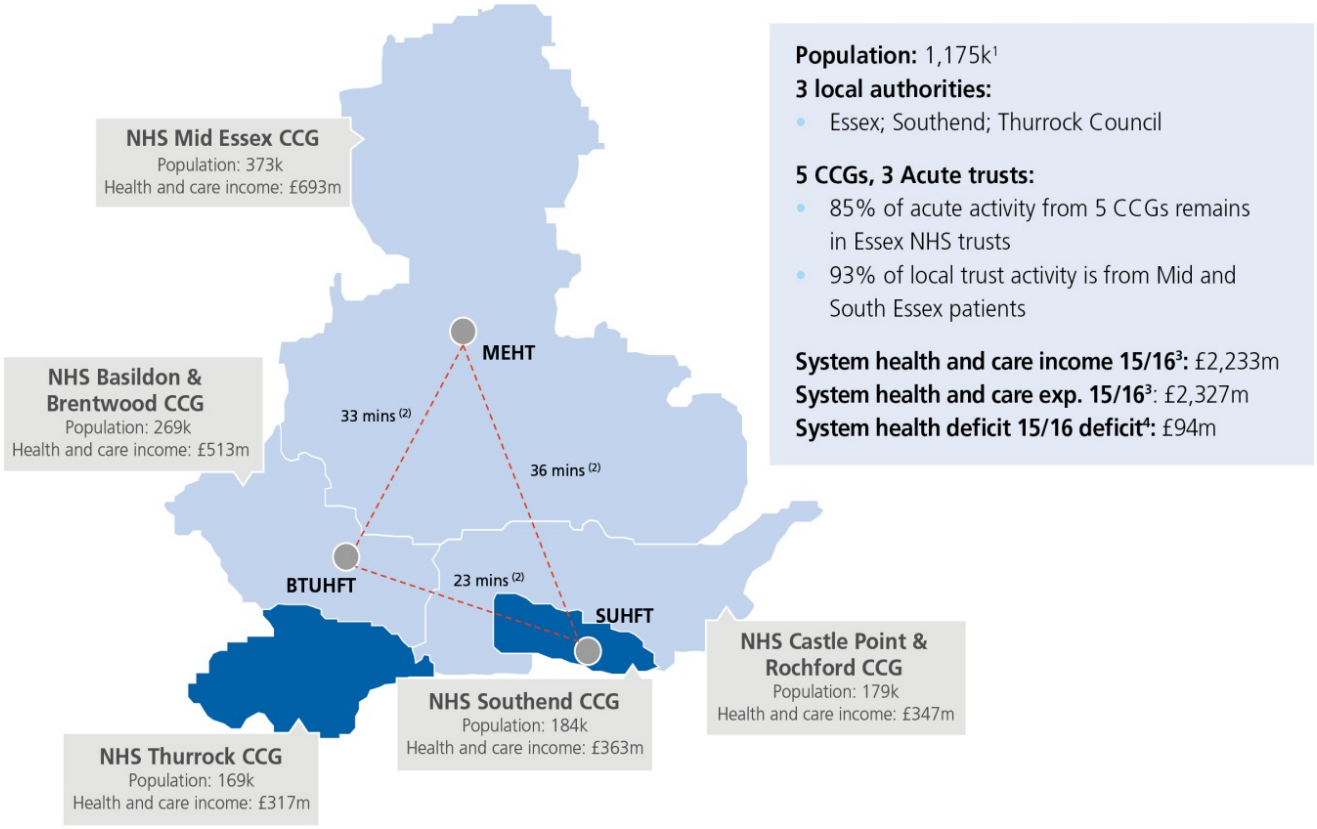
Further information

http://castlepointandrochfordccg.nhs.uk/success-regime

If you would like further information, to arrange a meeting or you would like to send us your views, please write to us at england.essexsuccessregime@nhs.net

Key contact:
Wendy Smith, Interim Communications Lead

Appendix 2 – Map showing the "footprint" of the SR/STP



Note: all financials are 2015/16 estimates: Version 13, 12th Feb modelling assumptions

1. Population based on 14/15
2. Travel times without traffic from google (Jan 16)
3. Includes estimate of social care expenditure (based on 14/15 report) related to health and CCG mental health expenditure
4. Deficit relates to health only

Appendix 3 – High level summary of communications and engagement plan

Main phases of engagement

Phases	Dates
Phase 1 – Set up and assemble partnerships and resource	January - March 2016
Phase 2 – Discussion with boards and local bodies	March – May 2016
Phase 3 – Wider engagement and workstream engagement	July – September 2016
Phase 4 – Public and staff consultation (subject to assurance)	October 2016 – Jan/Feb 2017
Phase 5 – Outcomes and decision-making process	February – May 2017

Action in July – September 2016

Main categories

1. Comprehensive communications and engagement in the overall plan (STP/SR)
2. Targeted service user engagement in workstreams - main areas for potential service change
3. Internal staff and clinical commissioner engagement

Deliverables (July-Sept)

- **Core information package,** including discussion document, support materials, films, online questionnaire, media releases, workshop guide, template for feedback
- **Open workshops for service users and public** (dates in July and Sept)
- **Independent service user research** – by deliberative democracy approach run by Healthwatch
- **Independent public engagement** – groups run by HOSC
- **Workshop framework for partner organisations** – for internal and local discussions
- **Proactive meetings and meetings on request with key stakeholder groups**
- **Wide ranging workstream specific plans** – includes both public and service user engagement, plus equality impact assessment
- **Service User Forum** - advises on engagement, promotes activities, input to PCBC
- **Feedback to inform pre-consultation business case –** Summary and analysis of activities in Phase 3, plus collation of findings from previous consultations.

Delivery channels / resource	Responsibility
Core materials and coordination of activities and feedback	SR programme office
Workstream communications plans	Workstream comms leads
Programmes run by HOSC and Healthwatch	Healthwatch Essex and Southend Healthwatch Thurrock Potentially a joint HOSC
Local discussions with stakeholders	CCG comms and execs
Internal communications for staff	Organisation comms and execs