15 September 2016	**ITEM: 5**

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 an update on the progress of the Mid and South Essex Success Regime (SR) and Sustainability and Transformation Plan (STP). It follows previous reports to the Health and Wellbeing Board. The last report was considered at the 14 July Health and Wellbeing Board meeting.

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 a diagnostic review that reported in December 2015.

While the STP is still in development, some of the major workstreams within the SR are underway and these are highlighted in this report. The SR is now in a period of wider engagement and a list of public workshops in September and October is included in appendix 1.

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 meetings of the Essex, Southend and Thurrock Health and Wellbeing Boards.

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).

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 Since the last update for the Health and Wellbeing Board, there have been a number of developments, including the following:

- **National assurance of the early draft STP**
  NHS England and all national arm's length bodies have reviewed the initial high level draft STP submitted for mid and south Essex on 30 June. Representatives for the Mid and South Essex SR/STP attended a national panel on 22 July. The STP was commended by the arm's length bodies and progress continues.

- **Engagement**
  There have been 14 discussion workshops; 6 with service user representatives and 8 staff workshops. This has provided early insight to inform the development of the SR/STP and potential options for hospital reconfiguration*. See further details later in this report*.

- Stakeholder discussions took place on 13 July and on 11 August for representatives of all partners involved in the Success Regime, including from the local authorities and Healthwatch. These events included an update from senior acute care clinicians on the latest thinking. Attendees discussed and gave views on criteria and the weighting of criteria to be used to appraise potential options for hospital reconfiguration.

- **Work in progress**
  The Success Regime (SR) has mobilised a number of working groups to develop potential options for hospital reconfiguration and redesign. In addition to groups looking at corporate and clinical support functions, there are four main clinical groups looking at acute and emergency medical care, acute and elective surgery, paediatrics and women's services.

- Working groups on community and primary care services have continued with two main plans; one covers primary care and localities and the other a framework for frailty care. Thurrock CCG (Acting) Interim Accountable Officer, Mandy Ansell, is the lead for the frailty workstream, while Castle Point and Rochford CCG Accountable Officer, Ian Stidston, leads on primary care and localities.

- **Finance**
  A system-wide Financial Oversight Group has been set up to support the SR/STP and meets monthly.

- **Timescales**
  The timescales for the development of options leading to consultation have changed since the last report. Given the depth of detail required for the pre-consultation business case, NHS England has agreed, following a strategic sense check on 4 July, that the business case should be reviewed in November (rather than in September as in previous plans). Public consultation will be subject to approval of the pre-consultation business case.

3. Issues, Options and Analysis of Options

3.1 In this section, we provide a summary update on current thinking in terms of potential hospital reconfiguration and redesign.

3.2 Reiteration of key points in case for change

- An aging population is placing pressure on the health and care system. Health outcomes are notably worse for those on lower incomes and those living with higher deprivation. The SR/STP must review capacity and capability to meet the needs of a future population. An initial diagnostic review identified the following:

- Services in the community are fragmented. Some parts of primary care have numerous independent practices with limited integration. Primary care and end of life care are two examples of where access in mid and south Essex is below national levels.

- In acute hospitals, key services are falling short of some clinical quality and safety standards. For example, only 81% of A&E patients are seen within 4 hours, where the national standard is 95%.

- Emergency attendances in A&E are growing at double the national growth rate (8% versus 4% in 2014/15, for example). Emergency admissions are also higher than the national average. With development in community and primary care, there is great potential to reduce these pressures and improve the quality of care for people.

- Neither acute care nor primary care services are currently configured to meet rising demand.

- There are clinical workforce gaps in primary, community and acute care due to recruitment challenges, which also leads to a higher than average spend on locum care and agency staff. Hiring more staff is not a sustainable option given national and local workforce shortages. There are similar recruitment challenges for social care. The potential for improvement lies with new ways of working across the spectrum of professional roles.

- The annual financial challenge for the NHS in mid and south Essex reached £101 million in 2015/16. A "do nothing" scenario would increase the deficit to some £430 million by 2020.

3.3 **Overall strategic direction for SR/STP**

The SR/STP has refined its priorities for action, with the aim of improving health, quality and financial balance, achieving long term sustainability and reducing health inequalities. The current thinking is to:

- Build stronger health and care localities, including a focus on prevention, self-care and mental health
- Develop urgent and emergency care pathways to provide care closer to home, earlier interventions and avoid the need for a hospital admission
- Reconfigure services in the three acute hospitals to improve patient outcomes and develop a sustainable clinical workforce
- Redesign clinical pathways

3.4 **Update on "In Hospital" workstream**

- The main changes for consultation in 2016/17 lie within the "In hospital" workstream of the Success Regime/STP. Developments in primary and community services will continue to build on health and wellbeing strategies that were already in progress and reported on regularly within the Health and Wellbeing Board programme.

- For this update, we focus on current thinking around hospital reconfiguration.

- Work to date has been driven by local clinicians, mainly within the three hospitals. Some 60 senior clinicians have formed an Acute Leaders Group

which is considering local and national evidence and developing preliminary options for change. During September and October there will be wider engagement involving community and primary care clinicians, community stakeholders and local people.

- The current goals for reconfiguration are summarised as:

    - Designation of the hospitals to function within an urgent and emergency care network, in line with national guidance – to improve and sustain clinical staffing levels
    - Separation of planned and emergency surgery – to improve efficiency and reliability for patients
    - Consolidate specialised services (centres of excellence) - to improve patient care and outcomes

- The starting point for the emerging models 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

- Some key points from national guidance on developing an urgent and emergency care network:

    - Urgent and emergency care needs should be met as far as possible within the community. With the right services and strong coordination between them, hospital admissions are not always necessary.
    - An urgent and emergency care network should serve a population of between1 and 5 million (mid and south Essex has a population of around 1.2 million).
    - The network should maximise the chances of survival and good recovery from serious and life-threatening emergencies by designating a hospital to provide emergency care with specialised services. This ensures a 24/7 consultant presence for every patient and reduces mortality, harm and length of hospital stay.

- Some key points from national guidance on separating planned from emergency surgery:

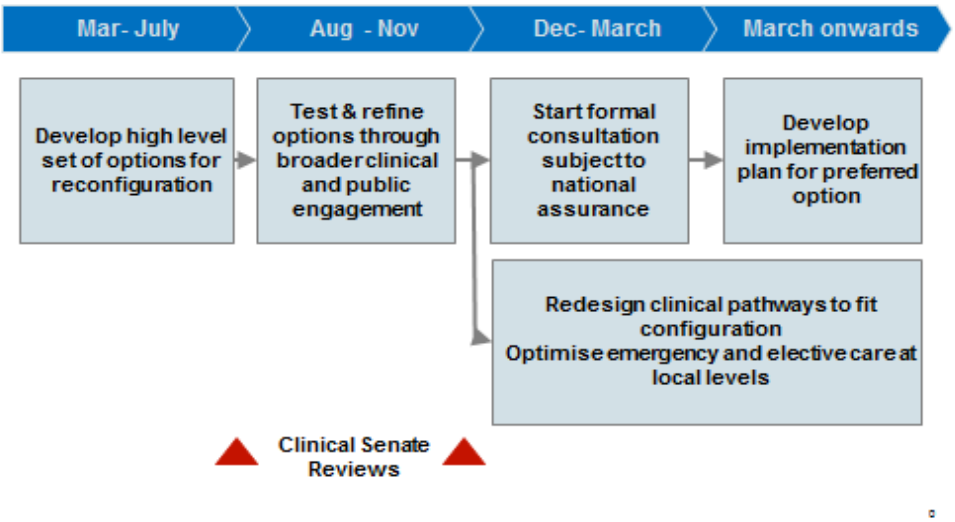
    - Separating low-risk, planned operations from emergency care can improve efficiency and avoid cancelled operations. It can also increase the number of day cases and short stays (and hence increase capacity)
    - A greater consultant presence at elective centres enhances patient safety and quality of care for complex cases.

- While considering the possibilities for designation of emergency care and the separation of planned and emergency care, there are a number of inter-dependencies across hospital services. The priorities for current development are:

    - acute and emergency medical care
    - acute and elective surgery
    - paediatrics
    - women's services, including maternity care

- The acute clinicians will continue working on possible options for the potential reconfiguration during August and September with the aim that a shortlist of preliminary options will become clear in September. A programme of open public workshops and other methods of engagement is planned for September and October leading to the completion of the pre-consultation business case in November.

3.5 Timescales



3.6 Service user engagement in this work

- During July, we held a programme of workshops to gain staff and service user insights on the strategic overview of the SR/STP and potential hospital reconfiguration. This has highlighted important issues at an early stage.

- Workshops were held in Chelmsford, South Woodham Ferrers, Grays, Southend, Rayleigh and Canvey Island, involving over 94 people. Further workshops were held with some 300 staff.

- The following table shows common themes raised:

Common themes raised by Service users	Common themes raised by staff
Transport – consider public transport, patient transport and accommodation	Travel/transport for both patients and staff
People will need more help to cope with complexity of using different centres	Need to work on standardisation to ensure consistency. Complex pathways could be more complicated not less
Families will need more support	Need critical development in information and IT
GP access needs to improve	Community and locality capacity – need system-wide working
Ambulance – development of operations, clinical practice and training	Resources to deliver change - support for staff
Patient and public education	Patient and public engagement
Concerns about recruitment – some comments on benefits of centres of excellence	Impact of change process on recruitment / retention

- The following table shows examples of important issues raised during the workshops for consideration in developing proposals:

E.g.s issues raised by service users	E.g.s issues raised by staff
Training for staff (dementia highlighted)	Community capability and support
Link with voluntary sector to improve efficiency and productivity	Invest in training
Whole patient pathway – after care and choice after emergency event	Keep staff well-informed and listen to views in terms of developing operational model
Invest in new ways of communicating	Clear roles, responsibilities, protocols, **accountability**
Understand behaviour and develop better urgent and out of hours care e.g. minors units close to A&E	Build-in needs of vulnerable people and those on low income
Value staff	Ensure change is attractive to clinicians and other specialists

See appendix 1 for list of dates of open public workshops in September and October.

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

Verified by: Jo Freeman
Position: Management Accountant Social Care & Commissioning

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

7.2 Legal

Verified by: Roger Harris
Position: Corporate Director of Adults, Housing and Health

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.

7.3 **Diversity and Equality**

Verified by: Rebecca Price
Position: Community Development Officer

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

During the wider engagement phase 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 workstreams, to test equality issues and use the feedback to inform an equality impact assessment to be included in the pre-consultation business case and decision-making business case.

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 – List of open public workshops in September and October 2016

Appendix 2 – Summary of meeting with Anita Donley : Chair of ESR

Report Author:

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

Appendix 1- List of open public workshops in September and October 2016

Date	Time	Venue
26 September	6-8pm	Braintree District Council
20 September	6-8pm	Saxon Hall, Southend
22 September	5.00 – 8.30pm	Orsett Hall
27 September	6-8pm	Maldon Town Hall
3 October	6-8pm	The Crystal Hall, Rayleigh
4 October	6-8pm	Brentwood Baptist Church Hall
6 October	6-8pm	South Essex College, Basildon Campus
7 October	6-8pm	The Paddocks, Canvey Island
10 October	6-8pm	Essex Cricket Ground
12 October tbc	6-8pm tbc	South Woodham Ferrers TBC

Appendix 2 – Summary of discussion with Anita Donley: Chair of ESR

- Cllr James Halden, Roger Harris and Ian Wake met with Dr Anita Donley on Monday 5th September.
- Dr Donley was appointed as the Independent Chair of the Essex Success Regime from 1st April this year.
- Dr Donley is vice-president of the Royal College of Physicians.
- The meeting was an opportunity for Dr Donley to discuss the work of the ESR and in particular the role of the proposed Programme Board which will act as the key governance group for both the ESR and the STP process.
- It was also an opportunity for the HWB Board reps to emphasise that Thurrock was very willing to work collaboratively where it made clinical and economic sense, but the starting point for that discussion had to be the HWB Board footprint – i.e. Thurrock.
- Dr Donley agreed to send through the draft terms of reference for the Programme Board and we agreed that we would comment on these and also be more explicit over the principles that we would use to define when something needs to be commissioned or provided at a local level and when we think there is strong evidence for a larger footprint.