

Essex Success Regime – Progress update

Update no.1 - 22 January 2016

What's in this briefing

This briefing note summarises the latest position with the Essex Success Regime. It provides a recap on what has happened so far, the aims of the programme, who is involved and the next steps; with details on how people can get involved and help to shape future health and care services in mid and south Essex.

This is the first briefing on our developing work programme for 2016. We will follow up with further details over the coming months, including opportunities to join the discussions both online and through a range of meetings.

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Recap on what the Essex Success Regime is about

Part of the NHS Five Year Forward View

The Essex Success Regime is currently one of three such programmes in the country. It is overseen jointly by a tripartite of national organisations - NHS England, NHS Trust Development Authority and Monitor, which looks after NHS Foundation Trusts. The tripartite works closely with the Care Quality Commission. The other two Success Regimes are in Devon and Cumbria.

The Success Regime is part of the NHS Five Year Forward View, which is a blueprint for the NHS to take decisive steps to secure high quality, joined-up care. It sets out the challenges facing health and care nationally and how

radical change is needed to sustain services into the future and improve care for patients.

The Success Regime is concentrating on certain areas in the country where there are deep-rooted, systemic pressures. The overall aim is to improve health and care where these systems are managing financial deficits or issues of service quality or both.

The Success Regime brings management and financial support to local delivery and will help to unblock any barriers to change. As for all parts of the NHS, the priority is to go faster and further with transformation. Every local health and care system must have a Sustainability and Transformation Plan, and this is what the Essex Success Regime will facilitate.

For further information on plans for the NHS and its transformation you can see the latest NHS planning guidance for 2016/17 at:
<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

To see a full copy of the NHS Five Year Forward View:
<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Making it happen and national assurance

Closer collaboration across mid and south Essex is something that senior healthcare leaders have been developing already. It is important that we seize the opportunity we have been given as part of the Success Regime to make radical change to improve the health of our population.

Local clinicians, supported by managers, will drive change with the involvement of partners and local people.

Work programmes will be governed locally through a System Leaders Group and a number of working groups involving all of the local statutory health and care organisations.

The local plan will be signed off and assured by the tripartite of national organisations. This will provide independent challenge, but also ensure Essex is connected to best practice nationally.

The System Leaders Group will have an independent Chair, due to be appointed in February.

See appendix 1 for the current System Leaders Group and governance arrangements.

Progress to date

October 2015	Phase 1 – a detailed review to assess the challenge and scope for action
November 2015	Conclusion of phase 1 – decision to focus on mid and south Essex health and care systems (linked to other support arrangements for west and north east Essex)
December 2015	<p>Programme set up, including recruitment process for an independent Chair. The chair of the previous Acute Care Collaborative in mid and south Essex, Professor Sir David Fish, agreed to fill this role in the interim.</p> <p>Andrew Pike, Director of Commissioning (East), NHS England is asked to coordinate on behalf of the national tripartite</p> <p>First two meetings of the System Leaders Group to oversee development of action plans</p> <p>Launch of phase 2 to develop options and plans for implementation, including local engagement and consultation</p>
January 2016	<p>Further meetings of the System Leaders Group</p> <p>Establishment of a Clinical and Professional Leaders Group</p> <p>Outline of work programmes to be led by local system leaders</p> <p>Appointment of an interim lead for Communications and Engagement - <i>see later contact details</i></p>

Full time appointments to the independent Chair and Programme Director roles are currently in progress and aiming to conclude by early February.

Summary of the challenges to tackle

The review process

A short intensive review took place in phase 1 between 29 September and 2 November. This involved:

- Over 40 interviews with service clinicians, managers, local authority and patient representatives

- A review of current plans in each CCG and NHS provider organisation
- An assembly of new information, statistics and analytics

Overall conclusions from findings

Care in Essex currently costs more than the money available. This is not sustainable. These deficits put enormous pressure on services across the whole health and care system and on the ability to deliver the best patient care.

The geography and history of health and care services in Essex creates a combined set of challenges.

The market town nature of the county has resulted in five relatively small hospitals, where in other areas a similar sized population might be served by one or two hospitals.

Because of the larger geographical area, there is duplication of services across each hospital. This is not only expensive, it requires more clinical staff, and, in some specialties, qualified professionals are in short supply. This creates difficulties recruiting to clinical rotas, and Essex hospitals have a higher than average use of locum staff.

With advances in care and technology, there is great potential for people to receive more joined up and personalised care at home or in the community. Learning from successful systems elsewhere, both nationally and internationally, there are untapped possibilities for planning care around people and communities, rather than the traditional way of planning around organisations.

There needs to be greater collaboration and integration between hospitals and primary, community and social care. While money continues to go into sustaining expensive hospital services, there is less available for primary, community and social care - the very place where investment is needed for better health outcomes and a better patient experience.

In terms of commissioning, the phase 1 review found that there are over 300 contracts between the seven CCGs in Essex, three local authorities and various service providers. This takes up management resources and can slow the pace of change where multiple stakeholders are involved in decisions.

In the feedback from interviewees during the phase 1 review, there was a high level of consensus about how greater collaboration could improve efficiency, reduce waste and improve patient care.

Agreed scope for the Essex Success Regime – mid and south Essex

One of the main outcomes of the phase 1 review was a recommendation that the Essex Success Regime should cover the health and care systems of mid and south Essex.

This decision was taken as the population served by the NHS in this area was deemed to have a more manageable size and complexity, but still allowing change at a large enough scale to have a positive impact.

Other means of support would follow for west and north east Essex.

Overview of what we are aiming to achieve

There is considerable detail to work on over the coming weeks and months before we consider options. The following shows the six main objectives for the Essex Success Regime.

1. Reduce the clinical and financial disadvantages for our local hospitals

The three hospital trusts have been working to identify solutions for some months and good progress has already been made. They will look in greater depth at where resources could be shared, for example in back office functions and clinical support. Clinicians are also looking at ways of sharing specialist services, which could change the way patients use these services and we will be involving local people in shaping options for change.

2. Accelerate plans for changes in urgent and emergency care

Urgent and emergency care involves every part of the health and care system, including the way that people manage their own health and use local services. The emergency and urgent care work programme will look at every aspect from public engagement and education, to the development of urgent care in communities, to potential changes in the way hospital emergency departments operate.

3. Joined up services in primary, community and social care

Over the years there has been a shift towards joined up and personalised care, with more treatment for people at home or in local settings. Multi-disciplinary teams working from GP surgeries are doing more in terms of prevention, planning ahead and supporting people to manage long-term conditions. We will build on existing integration plans to develop a “neighbourhood” approach, where services are planned around individuals and local population needs.

4. Simplify commissioning, reduce workload and duplication

This work programme will develop common approaches to commissioning and reduce the number of contracts through which we manage delivery of health and care. Some planning and funding of services is already on an Essex-wide basis or north and south Essex basis. These have many benefits of scale. It may be possible to use single contracts for mid and south, where currently there are five separate commissioning processes doing similar things. A single contract for all three hospitals, for example, is also a possibility.

5. Development of a flexible workforce

This programme will draw from national good practice in development and education that will support people to work across and change traditional professional boundaries. It will include finding ways to share staff support and encourage greater flexibility.

6. More data and sharing

Information and IT is advancing at a pace. The potential to make greater use of data and shared systems is greater than ever, but organisational systems have not kept in step with innovation. Supported by the Success Regime, this is an opportunity to make the most of new technology, develop information that can be shared safely and bring the best of modern health and care to local people.

Next steps

The Essex Success Regime is currently defining goals, milestones, areas for potential improvement and plans for implementation. We are embarking upon a two to three year programme of change.

Here are some of the immediate next steps:

By end January	Start of an ongoing programme of discussions with local bodies and community representatives
	Start of regular written briefings to follow each System Leaders Group meeting.
Jan – March	Programme of briefings and discussions with partners and stakeholders. Feedback will help to inform processes and plans for the next stage.
By end February	Further information on emerging solutions, options for change and implementation plans
Early March	Publication of plans for next phase of discussion

We will be contacting local bodies and community representatives over the next few weeks to arrange dates for discussions from March onwards.

Contacts for further information

If you would like to contact us with any views, suggestions or queries about the Essex Success Regime, please contact Wendy Smith, Communications Adviser on wendy.smith60@nhs.net

To contact Andrew Pike, who is coordinating the Essex Success Regime on behalf of the tripartite of national organisations, please email andrewpike2@nhs.net

We are in the process of establishing a group of local communications leads and service user representatives. Further information on this will follow.

Appendix 1 – Current governance and workstreams

The governance structure for the Essex Success Regime is still being established and may change once implementation plans are clear.

Currently:

- The Essex Success Regime is accountable to a Joint Oversight Group at national level, which covers all three current Success Regimes in England.
- Reporting to the Joint Oversight Group is the tripartite group of regional directors from NHS England, Trust Development Authority and Monitor. It has been agreed that Andrew Pike, NHS England (East) will coordinate the Essex Success Regime on behalf of the tripartite.
- Currently, the Essex Success Regime in Essex has a System Leaders Group, supported by Andrew Pike and chaired by an independent clinical chair.
- Three main work programmes have been established, reporting to the System Leaders Group:
 - **Acute** – coordinated by Clare Panniker, Chief Executive of Basildon and Thurrock University Hospitals NHS Foundation Trust
 - **Community and commissioning** – coordinated by Caroline Russell, Chief Officer of NHS Mid Essex Clinical Commissioning Group
 - **Programme office** – which will be led by a Programme Director (appointment in progress)

Current workstreams within the three programmes

Acute

Back office - led by James O’Sullivan, Chief Financial Officer at Southend University Hospital NHS Foundation Trust

Clinical services – led by Ronan Fenton, Medical Director of Mid Essex Hospital Services NHS Trust

Clinical support – led by Jon Findlay, Chief Operating Officer at Southend University Hospital NHS Foundation Trust

Community and commissioning

Community provision (including mental health) – (lead to be decided)

Primary care – led by Ian Stidson, Accountable Officer of Castle Point and Rochford Clinical Commissioning Group

Service shift from hospital to community – led by Dan Doherty, Director of Clinical Commissioning at NHS Mid Essex Clinical Commissioning Group

Urgent and emergency care – led by Melanie Craig, Chief Officer of Southend Clinical Commissioning Group

System Leaders Group

In the governance arrangements so far, the System Leaders Group has representatives from the organisations listed below:

Healthwatch Essex
Healthwatch Southend
Healthwatch Thurrock
NHS England
NHS England Specialised Commissioning
Trust Development Authority
Monitor

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

Other groups so far

There is a Clinical and Professional Leaders Group with representatives from nursing, medical and social care and a Communications and Engagement Group, with representatives from the health and care organisations involved in the Essex Success Regime.