

NEWSLETTER

A programme to sustain services and improve care

ISSUE 1: 25 APRIL 2016

Welcome to the first newsletter from the team supporting the local health and care component of the success regime (SR).

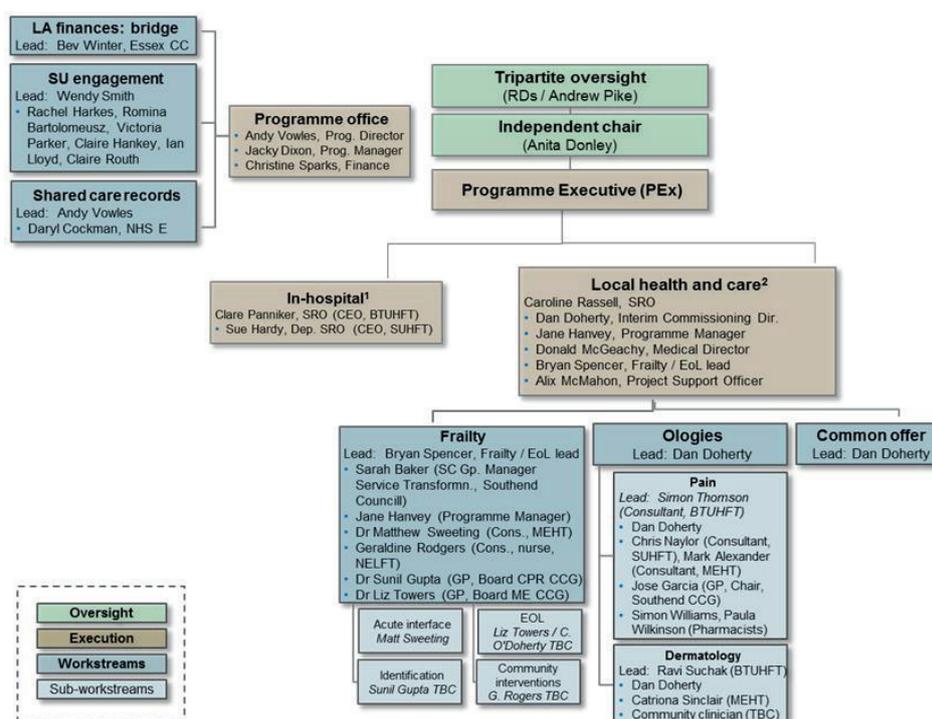
As you will all know the SR is split into two components, one concentrating on services within our three acute hospitals and the other (local health and care) concentrating on designing the acute commissioning infrastructure to look at how the three hospitals are planning on operating moving forward and to develop clinically driven pathways for services which span hospital and community.



The team is currently based at Wren House and consist of myself, Dan Doherty, Dr Donald McGeachy, Dr Bryan Spencer, Jane Hanvey and Alix McMahon. On the page overleaf is an overview of what we are currently working on.

We plan to try and send out a newsletter at least bi-weekly to keep you informed of the work that is progressing and more importantly to encourage a dialogue with yourselves. Detailed below is the current governance structure which, at a high level shows what the local health and care component is working on.

Caroline Russell



Meet the SR Local Health & Care Team



Caroline Russell

I am currently overseeing the work of this component of the SR. I have been particularly focused on supporting the overall strategic story of the SR and in trying to build a small clinically focused team to start defining what is going to be delivered. I attend the weekly Programme Executive meeting.

Email: crassell@nhs.net



Dan Doherty

I've been seconded into the Success Regime team to look at how we can shift more services out of hospitals and closer to our patients. Our initial focus is on pain management and dermatology but this will expand with time.

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Dr. Donald McGeachy

I am currently seconded to work in the Essex Success Regime. I am providing a bridging function between the Acute and Out of Hospital work streams to reduce the risk of duplication. This means meeting with the Acute Trust Medical Directors very regularly and being involved in the Acute Leaders Group which formulates the various options for reconfiguring services. I am also providing clinical input to some of the Out of Hospital work streams e.g. frailty assessment units.

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Jane Hanvey

As Programme Lead for Frailty, responsible (alongside the Clinical Lead for Frailty) for working with providers and CCGs across the SR to develop best practice Frailty and End of Life pathways across the Success Regime footprint.

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Dr. Bryan Spencer

I have been a GP in Mid Essex for the past 30+ years and have recently retired from clinical practice. My focus and passion for the last few years has been to develop and improve the services available to our increasing frail/elderly population. I am looking forward to working with colleagues across the success regime to increase the quality of care that we provide to this population.

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Frailty Update

by Bryan Spencer and Jane Hanvey



We would like to update you on the progress of the Frailty Workstream within the Mid & South Essex Success Regime - Locality Health & Care (LH&C).

PROGRESS:

The first meeting of the Frailty Core Group took place on 12th April.

Membership of the Core Group is as follows:

Dr Bryan Spencer

(SR Clinical Lead for Frailty / EOL)

Jane Hanvey

(SR Programme Lead, LH&C)

Dr Matthew Sweeting

(Consultant, Older People Medicine, MEHT)

Sarah Baker

(SC Group Manager Service Transformation, Southend on Sea Borough Council)

Dr Sunil Gupta

(GP & Board Member CP&R CCG)

Geraldine Rodgers

(Consultant Nurse, NELFT)

Dr Liz Towers

(GP & Board Member ME CCG & Macmillan GP)

As with much of the SR work this is strongly clinically lead. The Core Group have agreed four sub workstreams as areas of focus each of which will be led by a member of the Core Group.

LEAD:

Acute Intervention (FAUs): Dr Matthey Sweeting

Identification & care planning: Dr Sunil Gupta

Proactive Care Delivery: Geraldine Rodgers

End of Life: Dr Liz Towers

There will also be a parallel workstream looking at Data and analytics and Assistive Technology

GOVERNANCE:

The Frailty workstream reports to the Local Health & Care SRO Caroline Russell and hence to the Programme Executive which links to the System Leadership Group and the Clinical and Professional Leadership Group.

There will also be a Complex Care Leadership Group which will act as a sounding board and reference group for the Frailty and other Complex Patient Workstreams.

ENGAGEMENT:

The Core Team and sub workstream groups are intended to be small but will include patient/user representation and voluntary sector where appropriate .

The Complex Care Leadership Group will be a much larger group (30+ members) and will be representative of all organisations, Providers and commissioners across health and social care.

DELIVERY:

The workstreams have the task of delivering some specific outputs including :-

SCANNING - what's happening now/ where, What works well/ not well , What's good elsewhere

THE OFFER - Principles , core offer & minimum requirements and a " strawman " Pathway model

OUTCOMES - Measurable outcomes eg. Patient/carer experience, Impact on / shift of activity / financial impact

Local commissioning to deliver pathway model and details of service specification etc. will remain the responsibility of CCGs unless in future it is deemed beneficial to commission some services collectively across the SR patch.

CCGs and Local Commissioners should continue the good work being done in developing services for Frail Elderly and EOL whilst the preferred pathway model is identified by the SR workstreams.

Some of you may already have been contacted and invited to join a workstream and others may be wondering how do I get involved or how is my organisation being " kept in the loop ".

As already said the sub workstream groups are deliberately small to be effective but the much larger Complex Care Leadership Group will be the forum for much wider engagement.

We hope this update is useful. If you would like any further information please let us know.