10 November 2016	ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee	
Update on Mid and South Essex Success Regime	
Wards and communities affected: All	**Key Decision:** For information and discussion
Report of: Andy Vowles, Programme Director, Mid and South Essex Success Regime	
Accountable Head of Service: Not applicable	

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).

The STP covers all aspects of health and care, including coordination with other pre-existing strategies that are Essex-wide, such as mental health and learning disabilities. The SR concentrates on some specific priorities for transformation as recommended by a diagnostic review that reported in December 2015.

While the STP is still in draft and subject to further discussions with NHS England and other arms-length bodies, the SR is currently in a period of wider engagement prior to public consultation in 2017.

1. Recommendation(s)

1.1 The Committee is asked to note the update and to give views on: i. the emerging thinking in terms of potential hospital reconfiguration; and ii. future plans for public consultation.

2. Introduction and background

2.1 The Success Regime and the STP cover the same geographical area, the same five-year planning period and have the same strategic objectives. The STP includes strategic change programmes for all aspects of health and care from prevention to specialist services, including plans for mental health and learning disabilities.

2.2 The Success Regime (SR) is an intensive programme designed to tackle the most significant challenges. The current focus of the work is on:

- the potential to develop localities where GP services, community, mental health, social care and other public services could work closer together (as in

the local strategy *For Thurrock in Thurrock*)
- the development of care to help people stay well for longer, including a new model of care for older and frail people (which is being led by Thurrock CCG)
- the potential to improve hospital care by the three main hospitals in mid and south Essex working together as a group.

2.3 Since the last update for the Health and Wellbeing Overview and Scrutiny Committee, there have been a number of developments, including the following:

- **Further work on the draft STP**
  NHS England and all national arm's length bodies have commended a high level draft STP submitted for mid and south Essex on 30 June. A second draft was submitted on 21 October for further discussions at national level. Subject to these further discussions, we will publish a summary for local people later in the year.

- **Engagement**
  There have been 27 discussion workshops with staff and local people across mid and south Essex. We are now collating substantial evidence from service user experience and local views to inform the development of the SR/STP and, in particular, to inform potential options for hospital reconfiguration*. See further details later in this report*.

- The overall SR/STP plan and an update on current thinking was discussed at the recent Thurrock CVS and Healthwatch Thurrock conference on 14 September. Healthwatch Thurrock has also led on a number of exercises to gather the views of service users and we look forward to receiving the outcome report, which will be included in our overall report on local views.

- **Work in progress**
  Four main hospital working groups of clinicians are developing recommendations supported by national and local clinical evidence. These are due to be considered in a detailed review at the end of November, together with the input from service users and local people and other evidence. The working groups cover: emergency care and acute medicine, surgery, women's and maternity services and children's services.

- The medical directors for the mid and south Essex Success Regime have consulted the regional Clinical Senate on the developing recommendations. The Clinical Senate provides independent clinical scrutiny and advice. Following a rigorous panel session, the Senate was supportive of the overall transformation plans; however we are anticipating a detailed written report with a view from the Clinical Senate and this will also provide evidence for consideration at the November review.

- The outcome of the review at the end of November will inform the content of a pre-consultation business case for regional assurance prior to consideration by the national arms-length bodies.

- **Timescales**

    - Submission of next draft STP to the national bodies – 21 October
    - STP publication later in the year, subject to national discussions
    - Draft pre-consultation business case to be reviewed in December
    - Public consultation subject to approval of the pre-consultation business case in 2017.

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.

- Services in the community are in some instances 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 2017 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.

- The following summarises the main points of potential change in hospital care:

    - **One designated specialist emergency hospital**
      Guided by national evidence, emergency care should be improved by developing a network of urgent and emergency care services, with as much as possible in the community. For hospital emergencies, there should be one designated specialist emergency hospital, as recommended by national clinical evidence for a population of our size (1.2 million)

    - **Centre(s) of excellence for planned surgery**
      Planned care should be separate from emergency care. Planned operations should be protected from the effects of sudden surges in emergency demands, which often lead to cancellations.

    - **Single teams of specialists across the hospital group**
      Specialist services should be consolidated in one or more centres, where the clinical evidence suggests that this would improve patient care and outcomes.

- Within the emerging models of clinical services 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 the majority of hospital care the aim is to provide as much as possible close to where patients live, balanced against potential benefits of consolidating some specialist services. This includes identifying where there is potential to transfer some services to GP surgeries or local health centres, and opportunities to use telemedicine and other technologies to run virtual clinics.

- Across the range of hospital services, the majority of what people might need from their local hospital would continue at each hospital site, such as day surgery, outpatient clinics and beds for a short stay for observation and recovery.

- All three hospitals would continue to provide an A&E for walk-in patients and for ambulances carrying patients who have been referred by their GP.

- There would be assessment units for children, older and frail people and for people who may need emergency surgery. These assessment units would ensure quick access to tests and scans and prompt treatment, including an overnight stay if necessary, so that most people needing urgent treatment could receive it at their local hospital.

- The local hospital would also be able to look after people who need a few days for recovery and rehabilitation following specialist surgery or other treatment, which they may have had in a specialist centre elsewhere.

- Further work is ongoing to develop and appraise the potential models and possible combinations across the hospital group. The November review will consider in detail the benefits and disadvantages of the models, informed by all of the evidence gathered from clinicians, service users and local people.

3.5 **Service user engagement in this work**

- We are currently collating and analysing the feedback from 27 workshops with staff and local people. We will provide a further update on this at the meeting on 10 November.

4. Reasons for Recommendation

4.1 The Health and Wellbeing Overview and Scrutiny Committee is a key stakeholder with a statutory duty to scrutinise health services and public engagement in potential service change. We very much value members' views and advice to ensure meaningful consultation.

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

None

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.

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

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.

7.3 Diversity and Equality

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

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 seldom-heard groups 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):

None.

9. Appendices to the report

None.

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