1 December 2015	ITEM: 8
Health & Well-Being Overview and Scrutiny Committee	
Essex Success Regime	
Wards and communities affected: All	**Key Decision:** For Noting
Report of: Mandy Ansell (Acting) Interim Accountable Officer NHS Thurrock Clinical Commissioning Group	
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This report is Public	

Executive Summary

In June 2015, The Secretary of State for Health, Jeremy Hunt, announced that three challenged health economies in England would be given the status of "Success Regime" areas in order to develop solutions for the challenges faced. These areas are:

1. Essex
2. Devon, and
3. Cumbria

Between 29 September and 2 November 2015 work was carried out by the Boston Consulting Group to determine the "what" the Essex Success Regime (ESR) should focus on but NOT "how" to deliver.

This report sets out the outcome of work with 40 stakeholders including patient representatives as well as a detailed review of CCG and provider plans and data analysis.

The aim of the ESR is:

to improve healthcare services for patients in local health, as well as care systems that are struggling with financial or quality problems, or sometimes both.

To achieve this, NHS England, Monitor and the NHS Trust Development Agency (TDA) are working on a joined-up approach to providing challenge and support to

enable both short term improvements in performance and longer term strategic transformation.

It should be noted that Essex's health economy faces quality, financial and operational challenges which put the sustainability of health and care services at risk. However it should be possible to help fix these problems by looking at them across the wider health and care system and working together at that level.

1. Recommendation(s)

1.1 The Committee is asked to note the progress so far of the Essex Success Regime

2. Introduction and Background

2.1 As the diagnostic work progressed a number of overarching themes emerged these being:

Long standing	*"Many of the issues on patch today were here 15 years ago – although are now getting worse"*
System-wide	"*The debt may sit mostly in the acutes, but the issues are system- wide and not caused by any single organisation"*
Collaboration gap	*"What we've failed to do – and need to do – is get organised above the level of any single organisation"*
No perfect answer	*"There are many options – and arguments for each – what we need is a decision we can live with and stick to"*

2.2 And these themes have been distilled into a number of recognizable key challenges:

Clinically and economically disadvantaged acute footprint

Five small hospitals, with higher proportion of non-elective work, with most services provided at most sites and lower volume of elective and specialised work; estate challenges on many sites.

Workforce and talent gaps

Gaps in many clinical rotas, especially A&E, difficulty attracting talent into leadership roles, capacity issue in primary care coupled with aging GP population, challenges recruiting in social and community care.

Complicated commissioning landscape

Seven CCGs, three upper tier local authorities, >500 contracts, consumes significant management time yet risks *"more heat than light".*

Limited data usage and data sharing

Commissioning plans not always rooted in data driven needs assessments; data gaps on outcomes, and social care expenditure by CCG population.

Time and effort spent on decision-making can be protracted, with decisions often re- opened

Particularly around strategic service line changes

Senior managerial and clinical leader capacity focused on operational imperatives

Hard for leaders to create the time to design and lead major change

2.3 The diagnostic then goes on to evaluate the root causes of the challenges articulated:

Urban social geography of Essex

All five acute hospitals serve towns of <180k in population with incomes <£300m: a size associated with higher, and increasing, financial challenges London acts as a magnet for all job types; in health there is the addition of London weighting

No natural academic 'hub': Essex looks north to Addenbrookes, south / west to London

National and local trends

Aging population: over 75 year olds grew 4.3% vs. national average 3.8% between 2012-14.

National guidelines on safe care and 7 day working driving greater staff needs and higher costs.

London job market has outperformed Essex: 14% vs. 2% growth in all jobs over last five years.

Distance between actual and target funding for Essex

Patch has been below target funding – under a range of formulae – for over a decade.

Now heading towards target.

Rising demand in health and social care

Particularly non-elective, creating challenges in A&E performance and across acute pathways.

Resulting operational challenges *"take senior time and impacts staff morale and recruitment".*

Few coterminous boundaries

Conurbations, acute catchment populations, health and LA commissioners are rarely coterminous; requires larger number of stakeholders to be involved in decision-making.

No overall Essex plan and few 'givens' around acute footprint

Broad alignment on the need to concentrate clinical services and run hub and spoke models to help create more robust clinical rotas / reduce agency needs and drive better outcomes.....but strategy and legacy investments result in *"every hospital has a reason to do everything"*

2.4 However there is some good news and much positive work is being undertaken including:

- Acute Care Collaboration.
- Established EoE UEC network.
- Specialised services review, e.g. urology.
- Intelligent ambulance conveyancing.
- West Essex ACO new care model.
- Essex Mental Health Strategic Review.
- MDTs integrated with social care.
- GP hubs with care-coordinators.
- Rehab and reablement.
- CAMHs procurement Essex wide.

3. Issues, Options and Analysis of Options

3.1 NHS England, Monitor and the TDA have assessed the evidence presented and recommended that the ESR should focus on part of Essex and not the whole. The reasons cited are:

Too large, potentially unmanageable

- Essex is 2x Devon and 3.5x Cumbria Success Regimes.
- Travel time Basildon to Colchester >1hr.

Significant patient flows across county boundary

- Particularly in the West: only 61% of PAH activity is from WE CCG patients, and only 58% of WE CCG acute activity remains in Essex NHS trusts.

Risks not being sufficiently tailored

- Different strategies and priorities to build off across Essex.
- Specific issues may need different support and governance to manage.

3.2 It has therefore been agreed by NHSE, Monitor and the TDA that the ESR will focus on Mid Essex and South Essex including the two unitary authorities of Southend and Thurrock.

3.3 A number of next steps are being described these are:

- working to identify what needs to be done in Mid and South Essex to address the issues it faces in delivering high quality care for its patients. The national bodies are seeking additional external support to help complete this work and they will announce the outcome of this in November.

- Programme support is a key part of this as the recruitment process for the Essex Programme Director was unsuccessful. There is recognition of the need for a senior leader and the three bodies are identifying how to fulfil this role in the coming weeks.

- The Essex Success Regime is looking at how to deliver sustainable health and care services for residents in Mid and South Essex. Alongside this programme, local and national health partners continue to work closely together to ensure the system can address operational pressures over winter and deliver high quality care for patients.

4. Reasons for Recommendation

4.1 The Committee is asked to note the contents of the report as it describes the progress of the Essex Success Regime to date and note the role both the

CCG and the Council and associated stakeholders including patients and HealthWatch, are playing in the process.

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

5.1 N/A

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

6.1 The work is focusing on the delivery of health and social care to the residents of Thurrock.

7. Implications

7.1 Financial

N/A

7.2 Legal

N/A

7.3 Diversity and Equality

All changes in services proposed will have a full quality impact assessment.

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

None identified at present.

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

Appendix 1 - Recommend Success Regime focus on Mid and South Essex With different types of support provided to West and North East Essex.

Appendix 2 - Mid and South Essex – Rationale for ESR Focus.

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