



Mid and South Essex Success Regime

A programme to sustain services and improve care

Progress update

Update no.2 – 1 March 2016

What's in this briefing

This briefing starts the first of several phases of local involvement in the development of plans for potential service change in mid and south Essex.

The document provides a summary of discussions to date, some background on the key issues and the areas where changes may be needed in order to sustain local NHS services and improve care.

How to have your say

1. Send us your views in writing

Please write to us at england.essexsuccessregime@nhs.net

2. Hold a discussion within your team, group or organisation

Local trusts, CCGs and other organisations are arranging staff briefings. Check your staff news or ask your line manager for details.

3. Invite us to attend your meeting

If you would like a representative to attend your meeting, please contact us on england.essexsuccessregime@nhs.net

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Summary

Why change is needed

- We need to keep pace with changes in modern healthcare so that we can do more for patients now and in the future.
- If we do not change, the current NHS deficit in mid and south Essex could rise to over £216 million by 2018/19; and we would not be able to meet year on year growing demands.
- Our aim is to get the system back into balance by 2018/19 and deliver the best joined up and personalised care for patients.
- The kinds of changes we are looking to make have major benefits for patients, such as:
 - More emphasis on helping people to stay well and tackling problems at an earlier stage to avoid crises.
 - Joined up health and care services to provide more care for people at home and in the community, avoiding the need for a visit to hospital.
 - New technologies and treatments to do more for people without the need to be in hospital, even in a crisis.
 - When people do need the specialist care that only a hospital can provide, collaboration between hospitals and other services will ensure the best possible clinical staff and facilities.
 - By redesigning some hospital services, the improvements in staffing levels and capability will mean safer, more effective, more compassionate care for patients.

The plan to date

- The Success Regime gives us the opportunity to realise the full potential of our workforce and provide the best of modern healthcare for local people.
- Change will be led by clinicians. Service users, staff and local people will have a say at every stage.
- The Success Regime provides programme structure and support.

- We have identified six areas for change to sustain local services and improve care. These are listed below:
 - 1. Address clinical and financial sustainability of local hospitals by:**
 - Increasing collaboration and service redesign across three sites
 - Sharing back office and clinical support services.
 - 2. Accelerate plans for changes in urgent and emergency care, in line with national recommendations e.g.:**
 - Doing more to help people avoid problems and get the right help
 - Developing same day services and urgent care in communities, to reduce unnecessary visits and admissions to hospital
 - Designating hospital sites for specialist emergency care.
 - 3. Join up community-based services** – GPs, primary, community, mental health and social care – around defined localities or hubs.
 - 4. Simplify commissioning,** reduce workload and bureaucracy e.g.:
 - Reduce the number of contracts from around 300 to around 50
 - Commission services on a wider scale e.g. with one lead provider where several may be involved
 - Agree a consistent and common offer to focus on priorities and identify limits of NHS funding.
 - 5. Develop a flexible workforce** that can work across organisations and geographical boundaries.
 - 6. Improve information, IT and shared access to care records.**

Next steps and milestones

1 March 2016	Start of discussions
April	Further detailed planning
End May	Start patient, clinical and staff engagement on potential service changes
Early Sep	Refine options and engage
Sep - Dec	Public consultation on service changes, where required

Background

Area and services involved

The Mid and South Essex Success Regime involves the following main organisations:

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

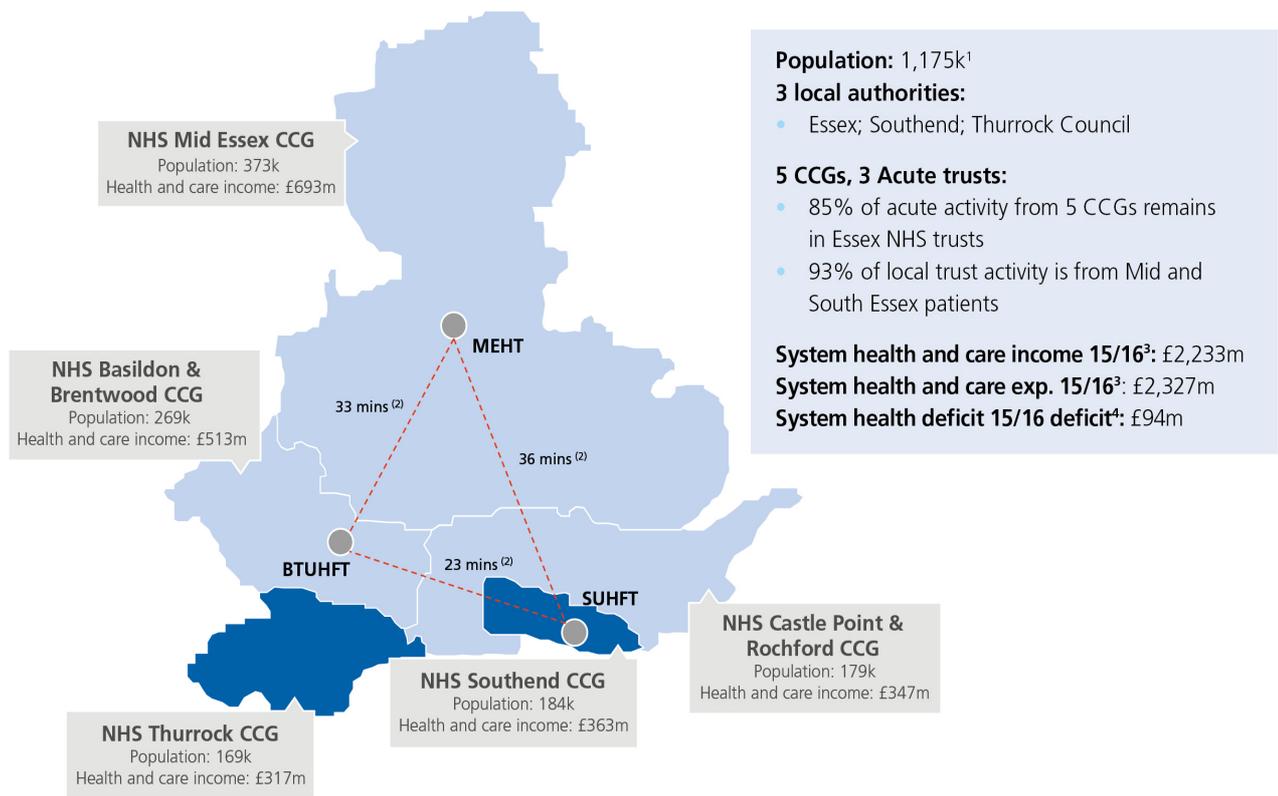
Clinical commissioning groups (CCGs)

Basildon and Brentwood
Castle Point and Rochford
Mid Essex
Southend
Thurrock

Local authorities:

Essex County Council
Southend-on-sea Borough Council
Thurrock Council

All health and social care services are involved in the programme, including over 180 GP practices, community services, mental health and social care and hospital services.



Note: all financials are 2015/16 estimates: Version 13, 12th Feb modelling assumptions
 1. Population based on 14/15
 2. Travel times without traffic from google (Jan 16)
 3. Includes estimate of social care expenditure (based on 14/15 report) related to health and CCG mental health expenditure
 4. Deficit relates to health only

A programme to sustain services and improve care

All health services are going through major changes. New technologies and ways of working are opening up opportunities that change what is possible – faster scans and treatments, more day surgery, more care for people at home and better ways to manage health and wellbeing.

However, it is also a major challenge to keep pace with developments and at the same time to manage the escalating demands on health services every year. Mid and south Essex has a rapidly growing population and the proportion of older people in the population is also fast increasing. In addition to rising demands from people living with long term-conditions, such as diabetes, heart problems and chest problems, we are seeing more complexity of health issues, and people living with several long-term conditions.

This leads to rising costs and pressures on staffing levels.

- **Current estimates show the total deficit for the NHS in mid and south Essex will be £94 million in 2015/16.**

- **If we made no changes to way in which we provide health services the deficit would rise to an estimated £216 million by 2018/19.**

And yet, we know that there is significant potential to reduce costs and get the system back into balance by doing things differently. This is possible by delivering more personalised, safer, higher quality care.

All organisations in mid and south Essex are already working on transforming services to keep people healthy and well and out of hospital. The Success Regime is a programme designed to build on what is already happening and to speed up the pace of change.

How the Success Regime is supporting change

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

Local clinicians, supported by managers, will continue to drive change with the involvement of partners and local people. The Success Regime provides coordination and programme management, plus financial support, and will help to unblock any barriers to change.

The work is assured by the national organisations. This will provide independent challenge, but also ensure Essex is connected to best practice nationally.

Scope of the Success Regime

The Success Regime covers a wide spectrum of change, but not all change that is happening in mid and south Essex.

Other transformational change programmes will continue as planned already. These include, for example, transformation in mental health services, services for people with learning disabilities and services for the emotional wellbeing and mental health of children and young people.

The main areas of change for patients

Local health and care

This area of work builds on and extends existing CCG plans to expand the range of services in GP surgeries and local health centres by bringing together teams of health and care professionals to meet rising demands.

Examples of potential developments include:

- Increasing the number of consultations available locally by involving a wider range of professionals in primary care
- Teams working together to support patients with complex needs, such as frail and older people, or people receiving end of life care
- Shifting some routine hospital outpatient services to GP surgeries or local health centres
- Strengthening links with voluntary sector, housing and other public services in each locality.

Care in hospital

The three main hospitals are seeking to extend their current collaboration in order to improve staffing levels in some specialties, reduce duplication and costs and improve outcomes for patients.

The plan is to take steps towards building single teams in some specialties, clinical support and back office functions.

Clinicians will be looking at which specialties could improve care through sharing expertise across the three sites in order to improve clinical staffing rotas and meet national guidelines.

Some specialised services that are already centralised on one site would continue in the same location, such as cardiothoracic services at Basildon, radiotherapy at Southend and burns and plastics at Broomfield.

Urgent and emergency care

One key element in managing health emergencies is to do everything possible to avoid the emergency arising in the first place.

This could include, for example:

- Proactive care and support for patients who could be at risk of hospital admissions

- Developing frailty assessment units to ensure frail people are seen by staff with specialist skills
- Improving 24/7 mental health crisis support
- Continuing to improve 111 and ambulance services to treat people, both on the phone and in the community
- Consistent health and social care support for older people leaving hospital.

National guidelines recommend that some specialist emergency care should be provided by a designated centre, with the appropriate infrastructure for the delivery of such services. This ensures that services can meet nationally recommended staffing levels for emergency medical and surgical expertise. Over the next few months, clinicians will work together to develop options for designation.

What this means for patients is that most people in need of urgent care could be seen at home, in a local GP surgery or health centre or at the nearest local hospital. Under the options, some very serious emergencies would be taken by ambulance to a designated hospital.

Commissioning – developing a “common offer” of services

CCGs plan and buy healthcare services for their local population by placing contracts with service providers, which set the amount of money spent on services and the quality standards expected from those services.

The five CCGs in the Success Regime will work together to simplify contractual arrangements, and to reduce current variations in access to NHS services.

Support to make change happen

Alongside the clinical work to develop options for service change, we need to increase the pace of development in systems and people to put new models into practice. This includes:

- Improving information and IT to provide real-time access to care records.
- Improving data and analysis to understand patient needs
- Looking at what changes may be required to ensure that new services have the right buildings and facilities, and releasing outdated estate that is no longer required

- Creating new roles, improving education training and career progressions.

Governance for collaboration

The Success Regime offers an opportunity to put new arrangements in place that will support collaboration between local organisations e.g.:

- Exploration and agreement on a group model for the three main hospitals
- A committee for the five CCGs to plan and buy services jointly across mid and south Essex.

Success Regime governance

- As a programme, the Mid and South Essex Success Regime is accountable to the Regional Directors of the national organisations.
- Locally, the Success Regime has a System Leaders Group, chaired by an independent clinical chair, Dr Anita Donley, a consultant from Plymouth Hospitals NHS Trust and clinical vice-president of the Royal College of Physicians.

Further information

A more detailed briefing is available on our website. Please visit:

<http://castlepointandrochfordccg.nhs.uk/success-regime>

If you would like further information, to arrange a meeting or you would like to send us your views, please write to us at england.essexsuccessregime@nhs.net

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