Mid and South Essex
Success Regime

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A programme to sustain services and improve care

Progress update and actions for discussion

29 June 2016

Aims of this session

Aim	Action/decision required
General update and timescales	Andy Vowles to give short presentation
Details on main workstreams	Andy Vowles
***In Hospital* workstream**	Ronan Fenton to give progress update
Summary of engagement programme	Wendy Smith
Consideration of further HOSC engagement	• Involvement in workstreams • Link with Service User Forum • Possibility of Joint HOSC

Main progress since 14 April HOSC meeting

Update	Action
Discussion phase 1 March – early May	• Discussions at public boards and CCGs/trusts • HOSC and Healthwatch meetings **– also 18 Apr event** • All three Health and Wellbeing Boards • "In Your Shoes" – early service user involvement
Mobilisation of workstreams 1 March – early May	• Hospital trusts agreed joint committee in May • *In Hospital* – involves 60 clinicians across trusts • *Local Health and Care* – agreed priorities: Localities and primary care Frailty and end of life • Other workstreams to follow
Sustainability and Transformation Plan (STP)	• Agreed SR/STP as same programme • Draft submission 30 June
Wider engagement plan July - Sept	• Recommendations from HOSC and Healthwatch • Further detailed plan, including dates for open workshops

Timescales and next steps to consultation

Dates	Action
June	• Draft STP submission to NHS England for discussions in July • Ongoing SR discussions with local bodies, engagement planning • Workstreams mobilised
July	• Develop emerging options • Distribute information update – main elements and rationale for change • Wider engagement - *details later*
Aug	• Further testing and refinement of options • Further information updates • Preparation of "pre-consultation business case"
Sep/Oct	• Further engagement • Feedback analysis and input to pre-consultation business case (PCBC) • Finalise PCBC • Prep for consultation process
Oct/Nov	• National and local assurance prior to consultation • Start of consultation
Jan - Mar 2017	• Outcome analysis, decision-making business case and assurance process

Localities & Primary Care

Main strategic points

- Based around clusters of GP practices - 40-50,000 people
- Transformation of primary care (redefine the traditional)
- Integration (GP, community, mental health and social care)
- Collaboration with third sector
- Collaboration with wider local authority services (e.g. housing)
- Three components: high risk, rising risk and healthy patients
- Primary care is not just the GP practice
- Consistency across all 7 CCGs in Essex recognising slightly different pace of change

Localities & Primary Care

The journey of primary care transformation

Level 1	Patients see practices working collaboratively with greater consistency
Level 2	Patients see practices sharing services and start to access core services in different ways
Level 3	Patients see new interventions offered that would normally have been delivered from another setting (or never have been before)
Level 4	Patients experience a different way of receiving services that is joined up, and involves far greater range of professionals and support

Developmental pace of change over next five years

- **Early views of service users and public in July-Sep and ongoing**
- **Continued engagement through implementation from 2017 onwards**

Complex patients, LTCs, Frailty

Main strategic points

- Greater emphasis on prevention – strengthening resilience – support for individuals and communities (*Live Well*)
- Early identification and care planning
- Risk stratification
- Coordination with urgent care services – 111, out of hours
- Proactive care closer to home, personalised approach and plan
- Integrated multidisciplinary support
- Holistic patient-centred care
- Better use of technology / innovation
- Developing future workforce

Frailty and End of Life work in progress

Identification and care planning
- Risk stratification
- Mutli-disciplinary teams
- Holistic care plans
- Information sharing

Proactive care delivery
- Out of hospital services
- Single point of access
- Health and social care integration
- Care homes service development
- Falls services
- Coordination with 111 and ambulance

Interface between community and hospital
- Blueprint for Frailty Assessment Units
- Integrated frailty assessment team
- Mental health reviews within 4 hrs
- Dementia support specialists
- Discharge to Assess
- Reablement at home

End of life
- Blueprint for end of life pathways
- Identification and care planning
- System-wide education
- Outcomes aligned to 6 national ambitions
- Raising public awareness

- **Early views of service users and public in July-Sep and ongoing**
- **Continued engagement through implementation from 2017 onwards**

In hospital

Main strategic points

- Hospital group model for 3 acutes
- Shared back office and clinical support functions
- Evidence-based reconfiguration and service redesign:
  - Designation for specialist emergency care (re: Willetts)
  - Separation of elective and non-elective (re: Briggs)
  - Improving efficiency and reliability through consolidation (re: Briggs; Keogh)

Current process

- Acute Leaders Group developing scenarios to shape options
- 12 back office and 9 clinical support workstreams in progress

In hospital

Sequenced approach to decision-making

- Working with community to develop new models of care – manage demand on hospitals
- Considering options for emergency care
- Separating elective surgery to avoid disruption of emergencies
- Identifying potential for further centralisation
- Redesign pathways and internal services to improve patient flow
- List of options for public consultation

Priority for engagement July- Sep

Broad plan for whole SR/STP engagement – Phase 3

Dates	Action
w/b 11 July	• **Publish and distribute information package** - discussion document, support materials, summaries, new website • Invitation to have a say – online feedback, dates of workshops • Social networking
July-Sep *See full plan for dates and details*	• **Discussion and engagement** with workshops for service users • Internal workshop sessions and briefings for staff • Workstream specific comms and engagement • Service User Forum (July 8) • Meetings with local partners inc. districts and parishes, vol sector • Healthwatch independent research • Healthwatch programmes in Essex, Southend and Thurrock – podcast debates, public events, “chatterbox cab”, face-to-face engagement
Sep - Oct	• **Prep for consultation process** • Feedback analysis and link to pre-consultation business case • Checkpoint with service user forum and HOSCs
Oct - Jan	• **Investment committee assurance** • **Full public consultation**, feedback analysis, assurance with HOSCs