Mid and South Essex
Success Regime

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A programme to sustain services and improve care

Progress update

Update no.3 – 12 May 2016

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Quick recap

The Success Regime brings national support to those areas in the country where there are deep-rooted, systemic pressures. Building on transformation that is already happening, it offers management support, financial support and a programme discipline to speed up the pace of change.

The Success Regime in mid and south Essex gives us the opportunity to realise the full potential of our workforce and provide the best of modern healthcare for local people.

Area and services involved

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 some 183 GP practices, community services, mental health and social care and hospital services.

Six areas for change

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**.

Why we are doing this

We need to keep up with the pace of change and demands on health and care so that we can do more for people now and in the future. If we took no action, 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.

Progress update

- An overall plan to develop options for change was published on 1 March. For further information, please visit: http://castlepointandrochfordccg.nhs.uk/success-regime
- The three acute hospitals have agreed arrangements in principle for working as a group with a joint committee to oversee collaboration. The joint committee arrangements are due for approval by Trust boards in May.

  Clare Panniker is lead chief executive for the committee. Clare is chief executive of Basildon and Thurrock University Hospitals NHS Foundation Trust and interim chief executive of Mid Essex Hospital Services NHS Trust. Professor Sheila Salmon, chair of Mid Essex Hospital Services NHS Trust, is the joint committee chair. Alan Tobias, chair of Southend University Hospital NHS Foundation Trust is vice-chair of the joint committee.
- The five CCGs are working on collaborative arrangements to be agreed over the summer to improve commissioning and reduce bureaucracy e.g. reducing the number of contracts for commissioning healthcare.
- Workstreams have been set up under the two broad headings of:
  - *Local Health and Care* – developing and integrating services in the community
  - *In Hospital* – involving further collaboration and service redesign between the three main hospitals in mid and south Essex.

  Other workstreams led by the Success Regime programme office include shared care records, communications and engagement and finance.

- Workstreams under Local Health and Care currently involve a range of clinicians and frontline staff from primary, community and social care, with plans to involve service users and voluntary and independent sector representatives.

- The In Hospital workstream currently has an acute leaders group of around 30 clinicians and service leaders. They have already held a listening event with service users and more will follow.

- Early discussions with stakeholders have so far involved, for example:

    - Healthwatch Essex, Thurrock and Southend
    - Lead officers and members of the three local authorities
    - Essex, Southend and Thurrock Health and Wellbeing Boards
    - Essex and Southend local authority scrutiny committees
    - Local MPs
    - CCG governing bodies and primary care practice members
    - Staff in CCGs and acute trusts

    The three Healthwatch bodies and Essex Health Overview and Scrutiny Committee organised an all-day conference on 18 April for patient experience and service user representatives. Involving around 70 people, the delegates discussed ways in which service users could be involved.

    In Your Shoes, a listening event took place on 28 April with around 30 clinicians and 30 service users. The event invited people to talk about their experiences in emergency care, what matters to them and how they would like to see improvements. Among various themes, the overall top priority for improving urgent and emergency care was considered by those who attended to be “access to GPs and prevention”.

Workstreams in progress

The following workstreams have been set up to tackle the priorities identified by the Success Regime diagnostic review, which took place towards the end of last year. Other workstreams will be added to the programme over the next year.

Local Health and Care – current workstreams

Frailty and End of Life care

- Initial focus is on the over 75 age group, but the work will expand at a later date to include care for adults of all ages with complex long term conditions
- The work is looking at:
    - Care at the interface between community and hospital, including the development of frailty assessment units
    - Identifying people at risk and systems to manage care around individuals
    - Proactive health and care, such as health and social care planning, falls prevention and support to care homes.

Workstream leads – Bryan Spencer, Jane Hanvey

Communications and engagement leads – Rachel Harkes (Frailty) rachelharkes@nhs.net and Romina Bartholomeusz (End of Life) romina.bartholomeusz@nhs.net
For further information contact rachelharkes@nhs.net

Redesign of Pain services and Dermatology

- Looking at options for shifting outpatient services from acute hospital settings to community services
- Pain and Dermatology have been identified by clinical leaders as areas that need to shift in line with clinical good practice and opportunities for improving patient outcomes
- Other potential services for similar moves will follow

Workstream leads – Dan Doherty, Ravi Suchak (Dermatology), Simon Thomson (Pain services)
Communications and engagement leads – Claire Hankey (Pain services) claire.hankey@southend.nhs.uk , Victoria Parker (Dermatology) Victoria.parker@meht.nhs.uk
For further information contact claire.hankey@southend.nhs.uk

"Common offer"

- Reviewing current commissioning policies and thresholds to improve consistency across mid and south Essex.

Workstream lead – Dan Doherty
Communications and engagement lead – Paul Ilett paulilett@nhs.net
For further information contact danieldoherty@nhs.net

Primary and community care

- Building on developments that are already taking place within the five CCG areas to join up primary, community and social care around GP practices.
- Looking at the benefits of groups of practices working together in localities.

Workstream lead – Ian Stidston
Communications and engagement lead – Claire Routh crouth@nhs.net
For further information contact Claire Routh crouth@nhs.net

In Hospital – current workstreams

Clinical services

Hospital clinicians from a range of professions and specialties are gathering evidence and service user insight to develop options for some services to work as single services across the three hospitals.

Broad principles for this work:

- Start from a service user perspective
- Avoid moving or replicating high fixed cost services: maintain some "givens"

- Ensure deliverability in 2-3 years: no major new builds, use of existing infrastructure
- Ensure clear rationale for any service redesign: if no clear rationale, then no change
- Design along pathways: move care between hospital and community, and increase integrated working
- Consider opportunities to incorporate technology and innovation

Criteria for service change:

- Better clinical outcomes: meet national recommendations and move towards best practice quality standards e.g. Royal Colleges
- Sustainable clinical workforce: move towards best practice workforce standards and improve training opportunities e.g. Royal Colleges
- Efficiency and productivity: deliver services at a lower cost, where possible
- Access: maintain appropriate access to services
- Interdependencies: maintain appropriate clinical adjacencies

Workstream leads – Ronan Fenton, Celia Skinner, Neil Rothnie
Communications and engagement lead – Wendy Smith wendy.smith60@nhs.net
For further information contact claire.hankey@southend.nhs.uk

Clinical support

- Building on current collaboration between the hospitals in terms of clinical support services
- Current scope includes Pharmacy, Radiology, Medical Physics, Pathology, Clinical Sterile Services

Workstream lead – Jon Findlay
Communications and engagement lead – Ian Lloyd ian.lloyd@btuh.nhs.uk
For further information contact Jon Findlay jon.findlay@southend.nhs.uk

Back office functions

- Looking at opportunities to share and standardise functions across the three hospitals
- Currently involves 11 sub-workstreams

Workstream lead – James O'Sullivan
Communications and engagement lead – Ian Lloyd ian.lloyd@btuh.nhs.uk
For further information contact ian.lloyd@btuh.nhs.uk

Next steps and milestones

May-Aug	Further detailed planning within workstreams, includes service user involvement
June/July	Wider patient, clinical and staff engagement
July	Update on options development and further engagement

Sep	Notification of details for consultation
Oct – Dec	Main consultation on proposed options for change
Jan 2017	Outcome of consultation
Feb	Discussions with HOSC and others prior to decision-making
March	Formal decisions for change
April and ongoing	Implementation

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, talk to your line manager or contact your local Communications team.

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

Further information

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

Key contact:
Wendy Smith, Interim Communications Lead