



Mid and South Essex Success Regime

APPENDIX 4

Progress update for Essex Health Overview and Scrutiny Committee Mid and South Essex Sustainability and Transformation Plan (STP) and Success Regime (SR)

Report prepared for the Essex HOSC meeting on 11 January 2017

Purpose

This paper provides a brief update on the sustainability and transformation plan (STP) for Mid and South Essex. Following a short recap, the paper responds to questions raised by the Committee.

Short recap

The STP for Mid and South Essex, like all STPs, will be delivered through the annual operational plans of the clinical commissioning groups (CCGs) working closely with local authority, local community, service providers and other system partners. For some aspects of the STP, such as mental health, learning disabilities and specialised commissioning there are county-wide and regional strategies to be delivered through operational partnerships.

Local health and care workstreams

- The five CCGs and partners are progressing with a range of developments that will place a much greater emphasis on prevention and self-care. This will include ways of identifying those with higher risks and helping them with care plans and preventative care to avoid illness and hospital visits.
- Service providers in health and social care are developing new integrated models of care to extend what they are able to offer to local people, both in range of services and time available for holistic, personalised care.
- The plan to achieve the above is through local networks of services around natural communities of between 20,000 and 70,000 people. This could establish around 26 localities of integrated care across mid and south Essex.

In hospital workstreams

- The In hospital work is about maximising the benefits of the three hospitals in Basildon, Chelmsford and Southend working together as a group. The vision is to create top performing local and specialist hospital services that would rank among the best in the country.
- The hospital group creates the potential to:
 - o save money by sharing administrative and support functions

- o create a specialist emergency hospital that would improve the quality of life-saving emergency care, 24 hours a day, 7 days a week
- o create new centres of excellence for surgery and other treatments that would reduce waiting times and put an end to surgery cancellations
- o develop further centres of excellence such as for specialist children's services and high risk births

1. What is the timing for the publication and finalisation of the operational plan for the STP?

Current status of the Mid and South Essex STP

The STP is a system-wide plan for health and care in mid and south Essex. It is currently in draft, devised by officers of the partner organisations, including all five CCGs, eight NHS provider organisations and three local authorities, and subject to further discussion and feedback from local people prior to final amendments by April 2017.

The STP represents collaboration between several NHS organisations and local authorities. It is a summary of and a guide for multiple operational plans, which will develop at different times during 2017/18 and later years.

There are two main processes currently in progress that translate the STP into operational plans. One is the approval of an operational plan for each clinical commissioning group (CCG). The other is the business case for the development of aspects of local health and care and the potential reconfiguration and redesign of acute hospital services under the Mid and South Essex Success Regime.

CCG Operational Plans

Staff within each CCG and partner organisations have drafted an operational plan for 2017/18 to 2018/19. These operational plans outline the key deliverables and actions for the priorities set by the Mid and South Essex STP, the national priorities as in the NHS Five Year Forward View and local priorities that are specific to each CCG.

Draft operational plans were submitted in December for assurance with NHS England. The drafts will be published by each CCG and approved by each governing body at public meetings in 2017. Any proposed service changes will be subject to public consultation.

Pre-consultation business case

A pre-consultation business case for plans under the Success Regime will be finalised in March 2017. Having developed with the benefit of wide stakeholder and public engagement, the business case will be publicly available for comment during March and will be considered by the CCG governing bodies. The pre-consultation business case will then be considered for approval by the national arm's length bodies before further public consultation on any proposed service change.

2. Aside from financial drivers, what do you think are the key health issues that need to be addressed in your STP area?

The overall issue is the sustainability of high quality health and care to meet the needs of the present and future population. The biggest challenges are related to rising demands in primary care and emergency services and increasing workforce pressures.

While demands are increasing, the NHS in mid and south Essex has a 13% vacancy rate compared to a national average of 7%. Some 20% of GP practices rely on GPs who are approaching retirement age and there are already fewer GPs and practice nurses per 1,000 population than the England average.

The highest risks and the greatest potential for improvement lie within the areas of:

- Complex care e.g. older and frail people having multiple long term conditions
- Urgent and emergency care, where for the last two years at least, there have been annual increases above average in demand for ambulance and A&E services.

The main factors to be tackled include the impact of lifestyle, social care and mental health issues and the need for prevention, service integration and early interventions to improve care.

3. How will your STP actually improve quality of services and patient experience rather than just make financial savings and what targets are you setting yourself for this?

The STP summary, which is attached at appendix 1, describes many potential improvements in quality of services and patient experience as part of the STP vision to:

- Support people to stay well for longer
- Bring more services closer to home through networks of care in each local area
- Improve care and patient experience in hospital by redesigning the three main hospitals to work better as a group.

Some tangible examples of how local people would experience improvements as a result of the STP include:

- Quicker access to information, advice and services e.g. through convenient online and smartphone tools or in your own home and local centres
- More help to live well and stay well, including identifying and solving problems at an early stage e.g. with more services available closer to home
- More control over your own care e.g. with support at home, including at end of life
- Consistent high quality care and fewer inequalities across the patch e.g. through common protocols for long term conditions such as diabetes or Chronic Obstructive Pulmonary Disease
- More time and a more personalised approach for you as a person, taking into account your physical, mental health and social care needs together
- Fewer cancelled operations
- Shorter waiting times for treatment after being referred by a GP
- Shorter waiting times in A&E

- High quality hospital and community care available when you need it e.g. with improved patient outcomes, reduced mortality rates and more lives saved.

Each CCG operational plan includes trajectories and milestones for improvements and key quality performance indicators, such as waiting times in A&E or for surgery. Some of these are being developed at system level, as part of the Success Regime business case.

4. How have you addressed the national direction for parity of esteem for mental health in your STP? What specific actions are being taken?

The national aim of “parity of esteem” is that mental health is regarded as equal to physical health in terms of importance, focus and funding, among other issues. The Mid and South Essex STP describes mental health as *part of life, part of your care*, emphasising the intention to achieve the full integration of physical and mental health care.

Some of the significant ways in which the Mid and South Essex STP addresses the parity of esteem include:

- Integrating mental health expertise with primary care to provide quick and easy access to mental health care for patients and advice for professional teams
- Integrating mental health care with care for long term conditions, acknowledging the links between physical and mental health
- Shifting mental health services to primary, community and general hospital settings, so that mental health support is easily available in general healthcare surroundings
- Investment in mental health over the next five years, including developments in crisis support and mental health services for children and young people
- Improvements in secondary mental health care and specialist services as part of the merger of the North and South Essex Partnership Trusts

5. How will the STP align with the new clinical models for mental health and the pan Essex mental health strategy?

The Essex mental health strategy provides the basis for the relevant elements of the Mid and North Essex STP; the mental health strategy is, in effect, the mental health section of the STP.

The Essex mental health strategy also sits alongside Open up, Reach out, the local transformation plan for the emotional wellbeing and mental health of the children and young people of Southend, Essex and Thurrock; and alongside the Essex-wide dementia strategy due to be published later in 2017.

All of these strategic plans are the result of collaboration between health and social care commissioners, service providers and with the input of service users and community representatives.

6. What engagement and consultation has already taken place to help the development of the STP plan and how has it helped to shape it?

The STP is a product of engagement and consultation at multiple levels, including local engagement in each of the five CCG areas and engagement in specific service areas.

A good example of engagement having an influence is in the development of the local transformation plan for children and young people's emotional wellbeing and mental health. 18 months of engagement with children, young people, parents, schools and system wide representatives had a direct influence on the design of a new single integrated service for Southend, Essex and Thurrock, the five year plan for service development and also led to continuing mechanisms for engagement with children, young people and schools.

For the STP itself, there was a multiagency process to draw together the high level plans that have each benefited from engagement and consultation, plus a comprehensive engagement programme under the Mid and South Essex Success Regime as a whole.

Some specific examples from the SR whole-system engagement programme include the following:

Example of engagement activity	Key influences
Stakeholder sessions for health and care leaders, including local authority members. Private consultation with Health and Wellbeing Board members Sessions in public with Health and Wellbeing Boards and scrutiny committees (March – October 2016).	The emphasis on prevention and mental health was strengthened as part of the STP and continuing operational plans. Partnership work on finance, including a draft financial bridge for social care.
In Your Shoes, an engagement exercise involving clinicians and service users (April 2016)	Strong influence on the agreement of decision-making rules for the In Hospital part of the STP.
Focus groups with mixed groups of service users and representatives (July/August 2016)	Influence on the framing of agreement of options for hospital reconfiguration. Will influence criteria and weighting for the appraisal of hospital reconfiguration options later in 2017. Influenced thinking in terms of Local health and care plans.
Public workshop programme during September and October 2016: <ul style="list-style-type: none"> • 11 open public workshops • Sessions with voluntary sector organisations hosted by CVSs • Sessions with disadvantaged and “hard to reach” groups hosted by advocates 	Further influenced thinking in both Local health and care plans and hospital reconfiguration. Raised awareness of issues for families, carers and people who may be disadvantaged. These will be addressed as part of the forthcoming pre-consultation business case and subsequent implementation plans Strongly influenced the style and content of the STP summary Will further

	influence criteria and weighting for the appraisal of hospital reconfiguration options later in 2017. Will influence consideration of minority issues within the business case later in 2017.
Workshops for various staff groups: <ul style="list-style-type: none"> • Acute Leaders Group – monthly sessions with around 70 clinicians • Workshop sessions for mixed staff • Discussions with GP and primary care leads 	Influenced thinking in both Local health and care plans and hospital reconfiguration. Raised awareness of potential operational issues. These will be addressed as part of the forthcoming pre-consultation business case and subsequent implementation plans Strongly influenced the content of STP submissions and consultation with independent experts via the regional Clinical Senate Will further influence the appraisal of hospital reconfiguration options later in 2017.

7. How will your STP work with neighbouring STP footprints?

All STPs share a common overall strategic direction set by the NHS Five Year Forward View; consequently, there is a strong correlation between the neighbouring STPs and no major areas of conflict.

The many joint programmes that are already in place across Essex and region-wide will continue as mechanisms to deliver our respective STPs. Examples include:

- Specialised commissioning at county, regional and national levels
- Commissioning for mental health and learning disabilities across Essex, Southend and Thurrock
- Networking arrangements between provider services, such as in cancer care, neonatal and renal services

STP leads and multi-agency working groups are working together across Essex and regionally on cross-cutting issues and on any implications of potential service changes over the next five years. The pre-consultation business case for the Success Regime, for example, will include an assessment of impacts on neighbouring health and care systems as well as covering any issues for residents who live outside the mid and south Essex footprint but whose care may be affected.

There are also routine and regular meetings between senior level officers and STP Programme Directors where there are opportunities to manage matters of both strategy and delivery. These include accountable officers' meetings, finance director meetings, oversight committees and Health and Wellbeing Boards.