

# Southend Health & Wellbeing Board

Report of Melanie Craig, Chief Officer, NHS Southend  
Clinical Commissioning Group

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to

**Health & Wellbeing Board**

on

**Thursday 7<sup>th</sup> April 2016**

Agenda  
Item No.

For information only		For discussion	x	Approval required	
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## Update on Mid and South Essex Success Regime and Sustainability and Transformation Plans (STPs)

### Part 1 (Public Agenda Item)

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#### 1. Purpose of Report

- 1.1. This paper provides an update on the Mid and South Essex Success Regime, including current requirements for Sustainability and Transformation Plans (STPs) as part of the *NHS Five Year Forward View*.

#### 2. Background & Context

##### NHS Success Regime

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.

The Success Regime brings comprehensive support, including transitional financial support, to help the most challenged health and care economies to achieve sustainability and transformation. It provides rigour and structure to large scale and complex change, enabling several statutory organisations to collaborate and work at pace.

The Success Regime is part of the NHS Five Year Forward View, which is a blueprint for the NHS to take decisive steps to secure high quality, joined-up care. The Five Year Forward View sets out the challenges facing health and care nationally and how radical change is needed to sustain services into the future and improve care for patients.

## **Area covered by the Mid and South Essex Success Regime**

*See map below*

### **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

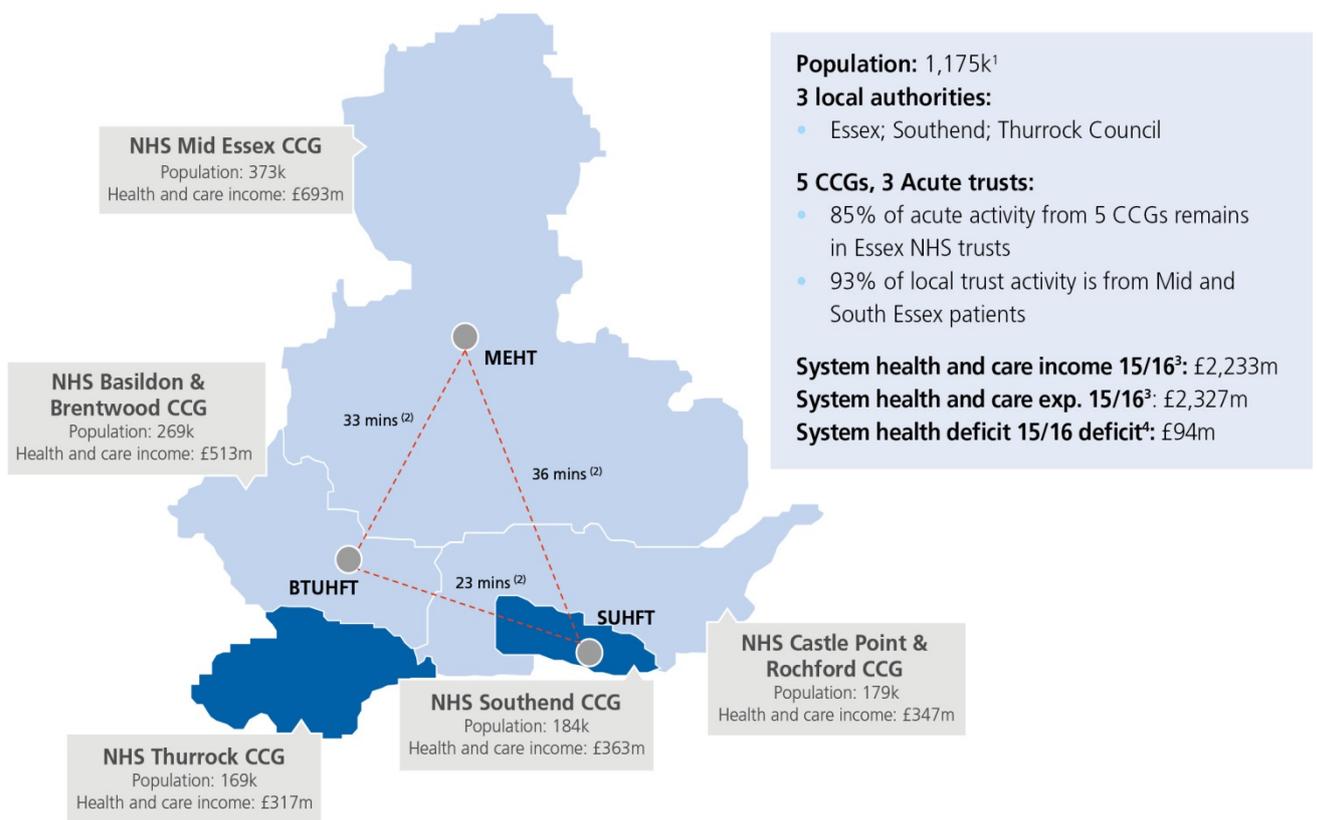
### **Clinical commissioning groups (CCGs)**

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

For further information and background on the Success Regime, please visit:  
<http://castlepointandrochfordccg.nhs.uk/success-regime>

For further information on plans for the NHS and its transformation you can see the latest NHS planning guidance for 2016/17 at:  
<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

To see a full copy of the NHS Five Year Forward View:  
<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

## Sustainability and Transformation Plans (STPs)

The NHS Shared Planning Guidance, as part of the Five Year Forward View, requires health and care systems to work together on *Sustainability and Transformation Plans* (STPs).

STPs will be place-based, multi-year plans built around the needs of local populations. They will provide a means to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2020 and the concrete steps needed to get there.

STPs will be delivered by local health and care systems covering 'footprints'. For Southend, the footprint will be that of the Mid and South Essex Success Regime (*see map above*).

STP footprints will not cover all planning eventualities. There are layers of plans which sit above and below STPs, with shared links and dependencies. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services. Mental health and learning disabilities services are examples of areas where planning may be across several STP footprints.

There are a number of benefits to the STP using the Success Regime (SR) as its footprint. The SR offers a single, coordinated transformation programme for many aspects of health and care, with structured work streams and governance.

### **3. Why change is needed – a brief summary**

- We need to keep pace with changes in modern health and care so that we can do more for people 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 people.
- The kinds of changes we are looking to make have major benefits for people, 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.

#### 4. Update on planning

##### Proposed areas for change under the Success Regime

Current plans under the Success Regime 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	Assembly of work streams and 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

## **Success Regime governance**

Nationally, the Mid and South Essex Success Regime is accountable to the Regional Directors of the national organisations.

Locally, clinicians will drive change with the involvement of partners and local people. Work programmes will be governed through a System Leaders Group and a number of working groups involving all of the local statutory health and care organisations.

The System Leaders Group is 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. For consistency, Anita is also the nominated STP lead.

## **Sustainability and Transformation Plan**

The STP will cover the period October 2016 to March 2021. It will outline how we will achieve better health, transformed quality of care and sustainable finances.

STPs must cover all areas of CCG and NHS England commissioned activity including:

- i. specialised services
- ii. primary medical care (from a local CCG perspective)
- iii. better integration between health and care, reflecting locally agreed health and wellbeing strategies
- iv. the development of new care models.

A high level overview will be completed by 15 April, with the full plan being submitted for NHS England approval on 30 June 2016.

## **Three key issues**

1. We need to determine the details of a process that will ensure that Southend Health and Wellbeing Board continues to play a leading role in the production of the SR/STP plan.
2. The process should assure collaboration and linkages between STPs across Essex.
3. The STP should be clear how it connects with plans that extend beyond the SR footprint (e.g. mental health and other plans that operate across Essex).

## Next steps for STPs

<b>Action</b>	<b>Milestones in 2016</b>
Short submission to national bodies setting out: <ul style="list-style-type: none"><li>• Governance arrangements</li><li>• Emerging priorities for action</li></ul>	15 April
Regional development days for footprint leads	Early May
Submission of STP	30 June
Regional discussions between national bodies and STP footprint	July