

Briefing note on current progress

Update no.4 – 11 November 2016

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New timeline

During the months of May to October 2016, several groups across mid and south Essex have been working on potential changes in health and care over the next five years. Many hundreds of people have been involved with over 50 stakeholder meetings and some 28 discussion workshops with staff and local people.

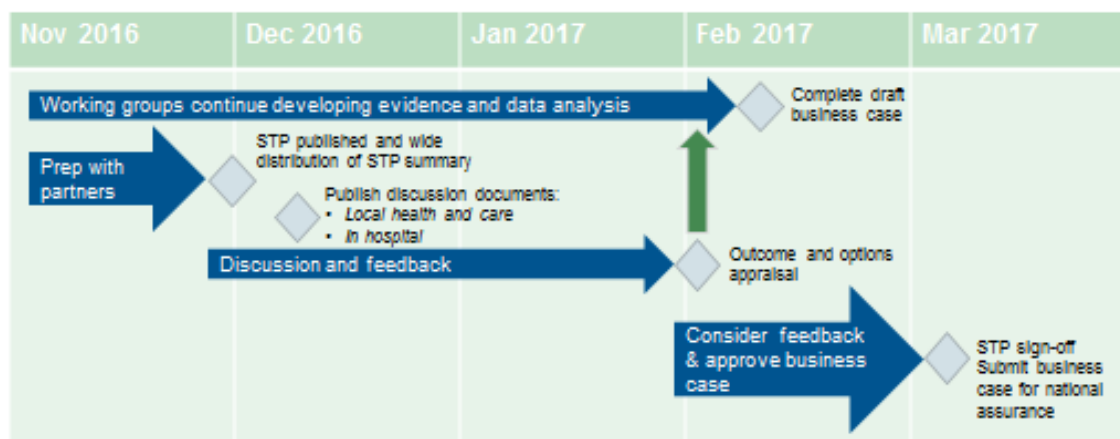
Working groups are compiling evidence for a business case that sets out the main recommendations for service changes. It was originally envisaged that the business case would be submitted this autumn to NHS England and other national bodies for assurance before public consultation.

We have now agreed to give more time to gather more detailed information and a wider range of perspectives on potential options.

Some hospital clinicians and GPs have expressed their view that the developing options need further work and wider discussion. An options appraisal process and completion of the business case will therefore shift to early 2017.

The business case will then go through a national assurance process before detailed plans are published for public consultation.

Discussion plan



System-wide events coming up in 2016:

Events	Dates
Essex Health Overview and Scrutiny Committee	9 Nov
System Leadership Group meeting	9 Nov
Thurrock Health & Wellbeing Overview and Scrutiny Committee	10 Nov
Success Regime Programme Board	14 Nov
Thurrock Health & Wellbeing Board	17 Nov
Essex Health & Wellbeing Board	
Acute Leaders Group workshop	24 Nov
Southend Health & Wellbeing Board	7 Dec
Success Regime Programme Board	12 Dec
System Leadership Group meeting	13 Dec
Acute Leaders Group workshop	15 Dec
Southend People Scrutiny (special meeting)	20 Dec

Sustainability and transformation plan (STP) update

All health and care systems across the country are developing “sustainability and transformation plans (STPs)”, which explain potential changes to local services over the next five years and the steps to achieve them.

It was agreed that the STP and success regime should cover the same area of mid and south Essex, which includes five of the seven CCGs in Essex, one county and two unitary authorities, three main hospital trusts, four community and mental health providers, East of England Ambulance Service and over 180 GP practices.

The STP builds on the Success Regime and has been developed by a working group drawn from the local health and care system. CCGs in west and north east Essex are preparing their STPs in partnership with Hertfordshire and Suffolk.

Work on the STP started in April 2016 and two drafts have been submitted to the NHS regulators, one at the end of June 2016 and one on 21 October 2016. The STP and a public summary of the plan are due to be published in the next few weeks.

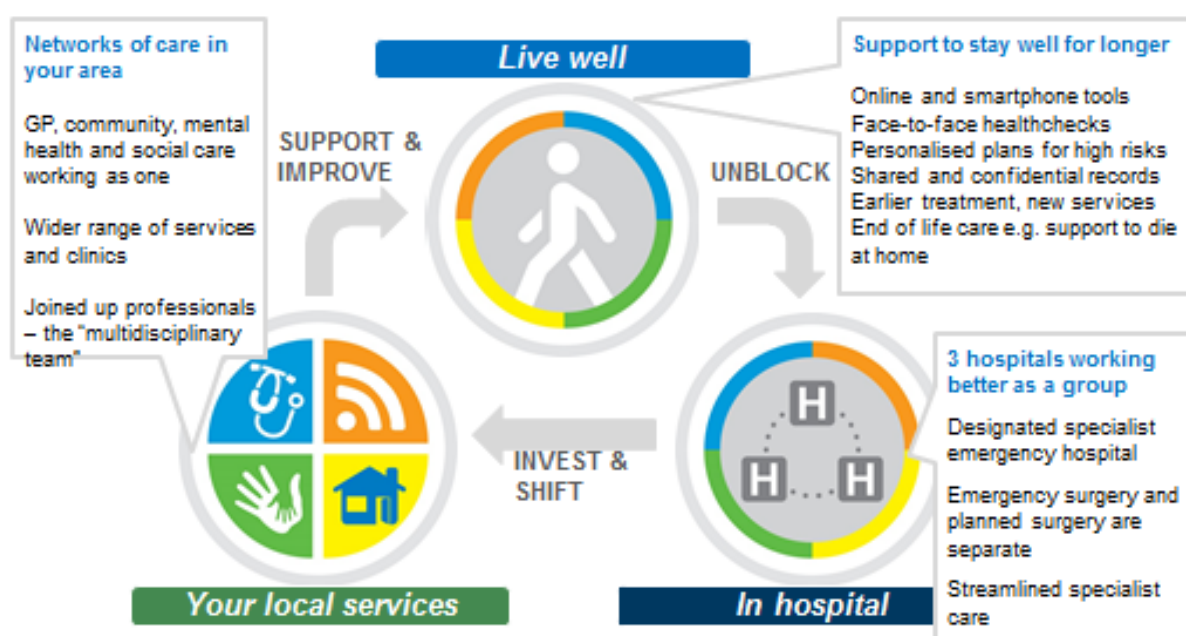
What is the difference between the STP and the Success Regime plan?

The STP provides the overall strategic plan, covering all aspects of health and care from prevention to specialist services, including some strategies that are Essex-wide, such as for mental health and learning disabilities.

The success regime plan is a major part of the STP. It concentrates on the top priority and critical changes required to:

- Sustain the clinical workforce across the health and care system
- Configure services in both community and hospital settings to meet rising demands and ensure there is consistent, high quality care
- Achieve sustainable financial balance by 2020/21.

Quick recap on Success Regime plans



Local health and care workstreams

- The five CCGs and partners are planning service developments and technology innovations that will place a much greater emphasis on prevention and self-care. This will include ways of identifying people with higher risk of illness and helping them with care plans and preventative care to avoid illness and hospital visits.
- GP practices are starting to work together to share resources and expand the range of services offered to their local communities e.g. for populations of between 20,000 and 70,000 residents. This could provide the backbone for most health and care, including mental health and social care, voluntary sector and other public services.
- Investments in GP and community services could fund additional staff and facilities in some places, if approved.

- New roles and ways of working could offer a wider range of care – not just from GPs, but also from a variety of new practitioners and clinics, potentially with some specialist care available in community settings rather than in hospital.

In hospital workstreams

- The three hospitals in Basildon, Chelmsford and Southend are working as a group to meet rising demands and make best use of specialist staff.
- As a group, the hospitals can save money by sharing corporate functions and support services, while clinicians are looking at the opportunities to improve staffing levels and quality of patient care by centralising some specialist services at each hospital.
- There are no plans to close A&E at any of the three hospitals. The potential is to create a network of urgent care in the community, keep walk-in A&E at each hospital and designate one site to be a specialist emergency hospital for serious and life-threatening cases.
- A network of urgent and emergency care could help to solve the current problems of overcrowding in all three A&Es; while people treated in a centre of emergency excellence have been shown to have greater chances of survival and good recovery.
- Separating the major emergency work in this way could release capacity and resources for planned surgery and other treatments. For patients, this could reduce waiting times and put an end to cancelled operations caused by surges in emergency cases.
- Establishing new centres of excellence across the hospital group in both planned and emergency care could help to attract high calibre staff and bring the best of modern healthcare to mid and south Essex.
- The benefits of specialist centres are already evident in Essex. People with serious burns go by ambulance to Broomfield in Chelmsford and people suffering an acute heart attack go by ambulance to the cardiothoracic centre in Basildon.
- The medical directors of the Mid and South Essex Success Regime have agreed that there should be more time to continue discussions before appraising options for any new configuration of hospital services. Further discussions with staff and local people will continue this year, leading to proposals for public consultation in 2017.

No change for existing centres of excellence

Within the emerging models of clinical services the following centres of excellence would remain unchanged:

- Cardiothoracic centre at Basildon
- Plastics and Burns at Chelmsford
- Cancer and Radiotherapy services at Southend

As much care as possible close to where people live

For the majority of care the aim is to provide as much as possible close to where patients live, balanced against potential benefits of consolidating some specialist services. This includes identifying where there is potential to transfer some services to GP surgeries or local health centres, and opportunities to use telemedicine and other technologies to run virtual clinics.

Across the range of hospital services, the majority of what people might need from their local hospital would continue at each hospital site, such as day surgery, outpatient clinics and beds for a short stay for observation and recovery. All three hospitals would continue to provide an A&E for walk-in patients and for ambulances carrying patients who have been referred by their GP.

There would be local assessment units for children, older and frail people and for people who may need surgery. These assessment units would ensure quick access to tests and scans and prompt treatment, including an overnight stay if necessary, so that most people needing urgent treatment could receive it at their local hospital.

Ideally, people should return home within a few days of treatment in a specialist centre, with the support of community services. Should they need longer in a hospital setting, they would return to the hospital closest to where they live. Each hospital would have beds for recovery and rehabilitation.

Proposed single executive team for acute trusts

The hospital trusts have launched a consultation on proposals to develop a single joint executive team to manage the three organisations. The proposal builds on the achievements of the committee in common which was agreed earlier this year.

Over the next month, the trust chairs are discussing the proposed arrangements with the executive leaders in each of the three trusts and how a single executive might function with the support of local trust leadership teams who would manage day to day running of the hospitals.

Following consultation, the trust boards are expected to reach a final decision in December.

Contact us

Alongside the publication of the Mid and South Essex STP and further discussion documents, we will publish a programme of discussion events and provide various channels for feedback, including an online questionnaire.

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.

We would be delighted to support you in arranging discussions for your team, group or organisation. If you would like to arrange an event or you would like someone to attend your meeting, please contact us on england.essexsuccessregime@nhs.net