

[Type text]

20 December 2016	ITEM:
Southend-on-sea People Scrutiny Committee	
Update on Mid and South Essex Success Regime and Sustainability and Transformation plan (STP)	
Report of: Andy Vowles, Programme Director, Mid and South Essex Success Regime	

Executive Summary

This paper provides an update on the progress of the Mid and South Essex Success Regime (SR) and Sustainability and Transformation Plan (STP). It follows previous reports to the People Scrutiny Committee.

The STP is a strategic plan and includes coordination with other strategies that are Essex-wide, such as mental health and learning disabilities. The SR is a change programme specifically for mid and south Essex and concentrates on the immediate priorities for transformation.

A draft STP was published on 23 November for discussion and feedback. Most of the potential service changes in the STP have been discussed publicly since 1 March when the overview of the Success Regime programme was published.

Some 28 discussion workshops have taken place between April and October 2016 with frontline staff and local people. This has provided a broad range of views, which have helped to shape the STP.

At the same time, local clinicians and commissioners have been developing potential options for service change and these are summarised in this report and **Appendix 1**.

In view of the national timeline for publishing the STP and also in response to the views of local clinicians, we have extended the current discussion and development period. An options appraisal and business case for the major service changes has now moved to 2017 to give more time for further and wider engagement. We are encouraging views and feedback on the STP and developing options and would welcome feedback from Members.

Details of the STP, the Success Regime, downloadable documents and information on how to have your say may be found on the Success Regime website - www.successregimeessex@co.uk

A summary STP is attached at **Appendix 1**.

[Type text]

1. Recommendation(s)

1.1 Members are asked to note the update and the opportunities to give views on the STP and developing options for service change.

2. Introduction and background

2.1 The STP is a five-year plan for securing a sustainable health and care system in mid and south Essex. Covering the period October 2016 to March 2021, it sets out the vision and the transformation that is required to achieve it. It includes strategic change programmes for all aspects of health and care from prevention to specialist services, including plans for mental health and learning disabilities.

2.2 The Success Regime (SR) is an intensive programme designed to tackle the most significant challenges and to achieve financial balance. The SR has a narrower focus on the areas considered immediate priorities for change, where both the pressures and the potential to make a positive impact are greatest. The SR brings in additional management expertise, financial support and provides a system-wide programme structure to plan and deliver service transformation at pace.

2.3 Since the last update for the People Scrutiny Committee, there have been a number of developments, including the following:

- **Publication of the draft STP**

Documents for the STP were submitted to NHS England and other national arm's length bodies initially on 30 June and again on 21 October. Following feedback from NHS England, these documents were published unchanged on 23 November and are downloadable from www.successregimeessex.co.uk. A summary document is also available (attached at **Appendix 1**). Local people are invited to give their views. Details on how to have your say are included in the summary document at **Appendix 1**.

- **Engagement**

There have been 28 discussion workshops with service users, staff and local people, in addition to over 50 stakeholder meetings. This provided early insights to inform the development of the SR/STP and, in particular, the potential options for hospital reconfiguration.

3. Work in progress

3.1 **Local health and care workstreams**

The five CCGs in the Success Regime are progressing with developments in local health and care, according to the needs of their area:

- All CCGs are promoting stronger partnerships between GP, community, mental health and social care services, which are leading towards health and care groups or localities. Southend CCG is progressing with four potential localities. Updates on this have previously been reported to the Committee and this will be ongoing.

[Type text]

- The CCGs are working together on improved care pathways, initially with a focus on care for older and frail patients and for people who need care at end of life. This includes new information systems to identify those with higher risks to health and wellbeing. There will be further opportunities for local people to engage with this in the new year.
- Other workstreams, although still at an early stage, are investigating the potential to shift some services currently delivered in hospital to community-based facilities e.g. outpatient clinics and diagnostic tests.
- As part of creating a network of urgent and emergency care, a procurement of integrated 111 and out of hours services is in progress and due to complete in 2017.

3.2 ***In hospital workstreams***

The three hospital trusts have agreed to work as a group with a joint committee to oversee delivery of change. The trusts have also agreed to consult over the next month on proposals for a single executive team.

While there are several internal workstreams developing plans for shared administrative and clinical support functions across the three hospitals, a group of some 70 senior clinicians is working on potential options for service change in:

- Cancer services (recently set up)
- Acute and emergency services
- Surgery
- Children's services
- Women's and maternity services

Developing options for a potential hospital reconfiguration are described in more detail in the STP summary in **Appendix 1**.

3.3 **Finance**

The STP summary at **Appendix 1** contains a financial overview of how the NHS organisations plan to achieve financial balance by 2020/21. A system-wide Financial Oversight Group has been set up to support the SR/STP and meets monthly.

3.4 **Change in timescales**

Since we last reported to the Committee, we have secured the support of local and national colleagues to allow more time for engagement with clinicians, stakeholders and local people. We are keen to refine proposals with the expertise and experience of as many as possible so that all potential opportunities and implications are considered.

We have therefore moved an options appraisal process and the completion of a pre-consultation business case into 2017. The business case will then be considered and assured by the national bodies and, subject to a satisfactory assurance, we will proceed to public consultation.

[Type text]

4. Issues, Options and Analysis of Options

4.1 Further details on current thinking are provided in the STP summary in **Appendix 1**. We provide a quick recap below.

4.2 The main changes for consultation in 2017 lie within the *In hospital* workstream of the Success Regime/STP. Developments in primary and community services will continue to build on health and wellbeing strategies that were already in progress.

- **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 hospital 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 services that 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 most patients arriving by ambulance.

There would be 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.

The local hospital would also be able to look after people who need a few days for recovery and rehabilitation following specialist surgery or other treatment, which they may have had in a specialist centre elsewhere.

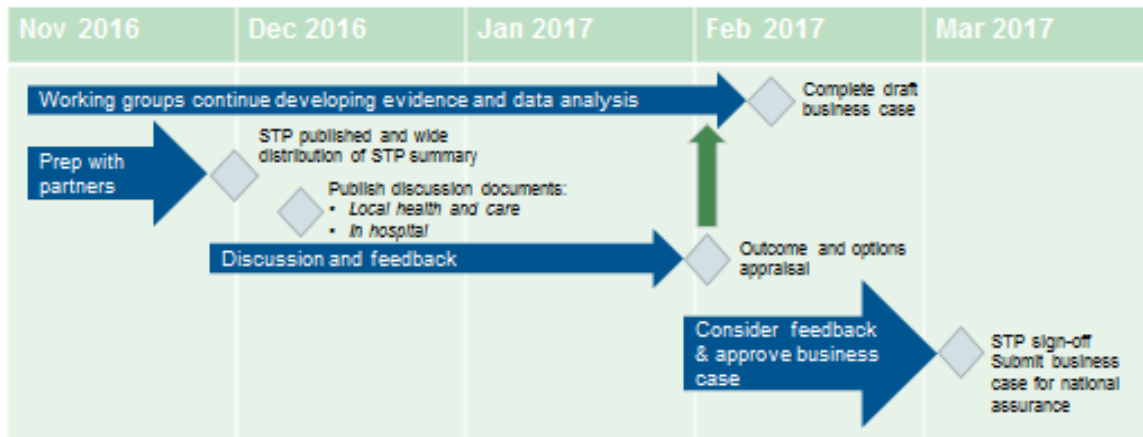
- **Specialist roles across the hospital group**

In addition to their local hospital role, each of the hospitals could offer more specialist services for the whole of Mid and South Essex. This would help to improve patient outcomes and solve current challenges facing all three hospitals in terms of recruitment and development of the right number and combination of doctors, nurses, technicians and support staff to provide round-the-clock, high quality specialist care.

*See further details in the STP summary attached at **Appendix 1**.*

[Type text]

4.3 Timescales



5. Background papers

For further background information please visit:
www.successregimeessex.co.uk

6. Appendices to the report

Appendix 1 – STP summary, 10 things you should know about your local health and care plan

Report Author:

Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime