

The Sustainability and Transformation Plan (STP) – Progress Update



Mid and South Essex
Success Regime

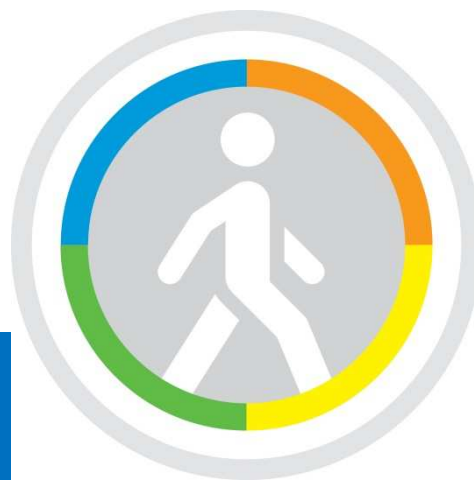
Melanie Craig, Chief Officer (Southend CCG)

Andy Vowles, Programme Director (Success Regime)

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Robert Shaw, Joint Director of Acute Commissioning and Contracting

Yvonne Blucher, Chief Nurse (SUFHT)



20 December 2016

WHAT JUST HAPPENED?



“ We cannot keep expanding hospital services. We must make best use of the precious and excellent workforce we have in Essex and, with our social care and local government colleagues, prepare better community and GP services; otherwise we will waste tax payers’ money on an outdated system.”

Dr Anita Donley, OBE
Independent Clinical Chair
Mid and South Essex Success Regime

WHAT JUST HAPPENED?

- STP summary and full documents published 23 Nov
 - Available from www.successregimeessex.co.uk
- For public discussion leading to sign off in 2017
- Any proposed service changes subject to public consultation

IS THE STP THE SAME AS THE SR?

- Same overall objective to sustain health and care services –
QUALITY - WORKFORCE - FINANCE
- Same planning period to 2020/21
- Same planning area of mid and south Essex
- Same leadership and governance

What's the difference then?

Sustainability and Transformation Plan (STP)	Success Regime
Overall strategic plan, with some Essex-wide strategies e.g. mental health, LD	Programme to make change happen with focus on where pressures and potential to make impact are greatest: <ul style="list-style-type: none">• <i>Local health and care</i>• <i>In hospital</i>
	Provides support and programme management

SO WHAT'S NEW?

Plan builds on extensive discussions throughout 2016

Event	Dates
HWB meetings in public	7 April, 7 Sep
Joint HWB meetings in private	10 Feb, 15 June
HOSC Meetings	12 July, 11 October, 20 December
Stakeholder workshops in private	1 Mar, 6 July, 13 July, 11 Aug

- Overall plan was first published - 1 March
- Published progress updates – 1 Mar, 12 May, 11 Nov
- Service user workshops in April, July, August, September and October
 - In Southend on 27 July and 20 Sep
- Leaders involved in STP drafting
- Membership of System Leadership Group and Programme Board

WHAT DOES THE PLAN SAY?



WHAT MIGHT IT LOOK LIKE IN FIVE YEARS?

- Much more emphasis on prevention and self-care
 - Greater say on your own health plans
 - Better management and planning for long term conditions
 - Choice for end of life care
 - Early action to prevent problems
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- Wider range of professionals at local surgery – not just GP
 - Some services available locally that previously were in hospital
 - Mental health, social care as well – see you as a whole person
 - Getting help in an emergency easier than now – phone, online, app, home visits, local services – **a network of urgent and emergency care**



WHAT MIGHT IT LOOK LIKE IN FIVE YEARS?

No change for existing centres of excellence

- Cancer and Radiotherapy at Southend
- Cardiothoracic Centre, Basildon – life-saving heart and lung treatments
- Plastic Surgery and Burns Centre at Broomfield in Chelmsford

Services that would be provided at each hospital



- Walk-in A&E at all three sites and ambulances
- Surgical assessment unit
- Frailty assessment unit
- Children's assessment unit
- Outpatient clinics
- Day surgery
- Midwife-led maternity unit and obstetrician cover
- Step down beds for people recovering after surgery or specialist care

WHAT MIGHT IT LOOK LIKE IN FIVE YEARS?

H Elective centre
with A&E

- Specialist operations - planned treatments
- Cancer and radiotherapy centre
- Intensive care support

H Emergency hospital
with elective

- Planned specialist operations
- Emergency inpatient services
- Emergency surgery during daytime
- Blue light ambulances during daytime
- Full range of intensive care

H Specialist emergency
hospital

- All ambulances 24/7
- Emergency inpatient services
- Emergency surgery
- Hyper-acute stroke unit
- Full range of intensive care

WHAT ABOUT OUR LOCAL PLANS?

- Supporting more resilient and sustainable primary medical services in localities
- Co-location of services and improved premises
- Complex Care Coordination Service

LOCALITIES



LOCALITIES

- GPs and Practice Managers engaged
- All practices now aligned to one of four localities
- Engagement with patient groups, third sector and other stakeholders over the course of the past six months
- Well attended annual public meeting used to launch the 'localities' model more broadly

LOCALITIES

- Developing integrated and co-located services
- Also reviewing our local estate to develop new and better premises, this includes:
 - Brand new development in Shoeburyness
 - Refurbished primary care centre in St Luke's
 - Various existing premises improvements

LOCALITIES

Services to be co-located at St Luke's



Co-location of services at St Luke's will be the second step toward providing fully integrated services. Providers will be required to sign up to a memorandum of understanding which will outline the principles and expectations of working together at St Luke's

LOCALITIES

Task	Timeline
Service review and Shoebury Commissioning Strategy agreed	Mid December 2016
Outline Business Case	Mid-March 2017
Approval of Outline Business Case by Governing Body	Early April 2017
Planning application	End May 2017
Planning approval	End August 2017
Judicial review	End September 2017
Final Business Case	Mid November 2017
Approve Final Business Case	December 2017
Financial Close	January 2018
Construction starts	February 2018

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MHSPS submit Planning Application	Early Feb 2017
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- The CCG received funding approval through the Estates and Technology Transformation Fund (ETTF) for the St Luke's development to the value of £250,250.00, this will offer support for financial, legal and design processes for the St Luke's primary care centre development, plus related technology 'fit-out'.
- The Shoebury project will be funded through the usual funding application channels.

LOCALITIES

But also - much more emphasis locally on:

- Sensible self-care
- 111 and the out-of-hours service
- Local pharmacies
- Turning up for appointments – or cancelling them if they are no longer needed
- Developing new roles in GP practices
- A&E is for serious or life threatening conditions only

LOCALITIES

Complex Care Coordination Service

- A complex care coordination service providing risk stratification, referral, holistic assessment, personalised care planning and case coordination to an identified cohort of patients.
- Complex care patients will have their care proactively coordinated and delivered
- Individual tailored plans will be developed to promote maximum health, well being and independence aiming to prevent and delay deterioration of the patient's physical, medical and social circumstances
- Patients will be provided with support, information, advice and guidance on what to do in times of crisis

TIMETABLE

November

Publish STP

November to January

Pre-consultation engagement

February

Options appraisal

March

Finalise business case

April

Secure national approvals

May – July

Public consultation

September

Decisions by Governing Bodies