Mid and South Essex
Success Regime

Developing proposals

For discussion and feedback

21 July 2016

What's in this presentation

- Why we need your views
- What is the Success Regime?
- The challenge
- Main areas for change
  - *Your local services*
  - *Live well*
  - *In hospital*
- Current engagement

Why we need your views

- Developing proposals about **almost** everything
- Plans in two main parts:

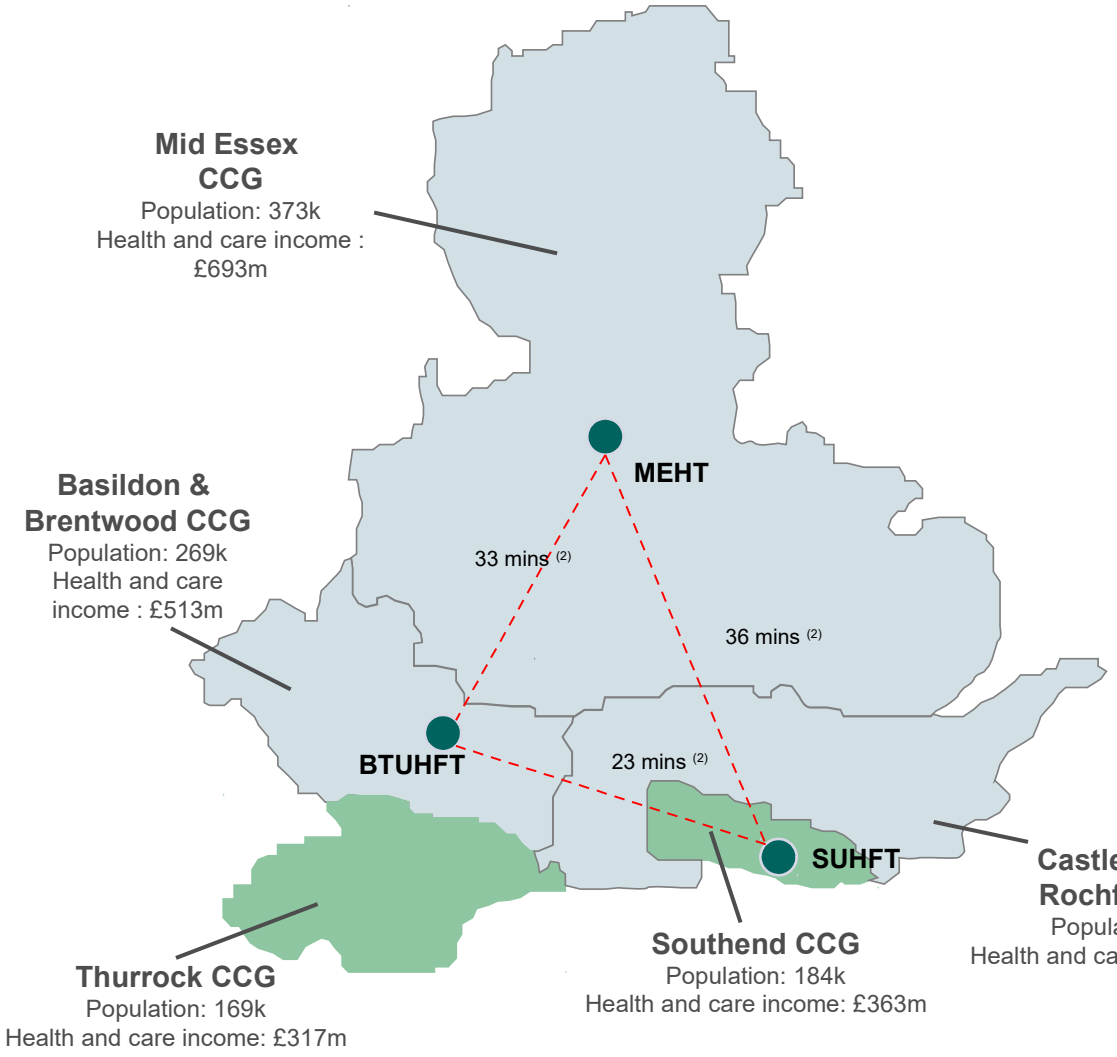
1. **Local health and care** – build up services in community
2. **In hospital** – reconfigure and redesign across 3 sites (Basildon, Chelmsford and Southend)

- Views to test options before consultation
- Opportunities to have a say July-Sept and beyond
- Feedback from today's session

What is the Success Regime?

- **A programme to sustain services and improve care**
- Part of the *NHS Five Year Forward*
  - Sustainability and transformation
  - Accelerate pace of change
  - 1 of 3 Success Regimes (others in Devon and Cumbria)
- Brings funding and support
  - To make change happen
  - To support transition – including investment
- **Clinicians and local people will drive change**

The challenge (1/3)



Population: **1,175k**[1]

3 local authorities:

- **Essex; Southend; Thurrock**

5 CCGs

3 acute trusts

4 community/mental health providers

System health and care income 15/16[3]: £2,233m

System health and care exp. 15/16[3]: £2,327m

System health deficit 15/16[4]: £94m

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

The challenge (2/3)

- Maintaining right level of clinical staff e.g. in emergency care
- Higher than average spend on agency and locums
- Rise in A&E attendances since 2012:

National average	Mid and South Essex
1.6%	4.6%

- Rise in emergency admissions since 2012:

National average	Mid and South Essex
2.7%	3.9%

But it's not all about A&E

- Crowded A&E – linked to flow through community, hospital and back
- Are people coming for the right reasons? Are they getting home quickly?
- What are we doing to avoid emergencies altogether?

The challenge (3/3)

Current estimated in-year deficit 2015/16 for NHS **£94m**

If we took no action, by 2018/19 deficit could reach **£216m**

Every year, to meet new demands, debt rises by **£35-44m**

Goal - to achieve financial balance by 2020/21

Main areas for change (1/2)

1. Your local services

- GP, community, mental health, social care **as one in a locality**
- Network of same-day services
- Therapies at home and local facilities
- Some services from hospital into community

2. Live well

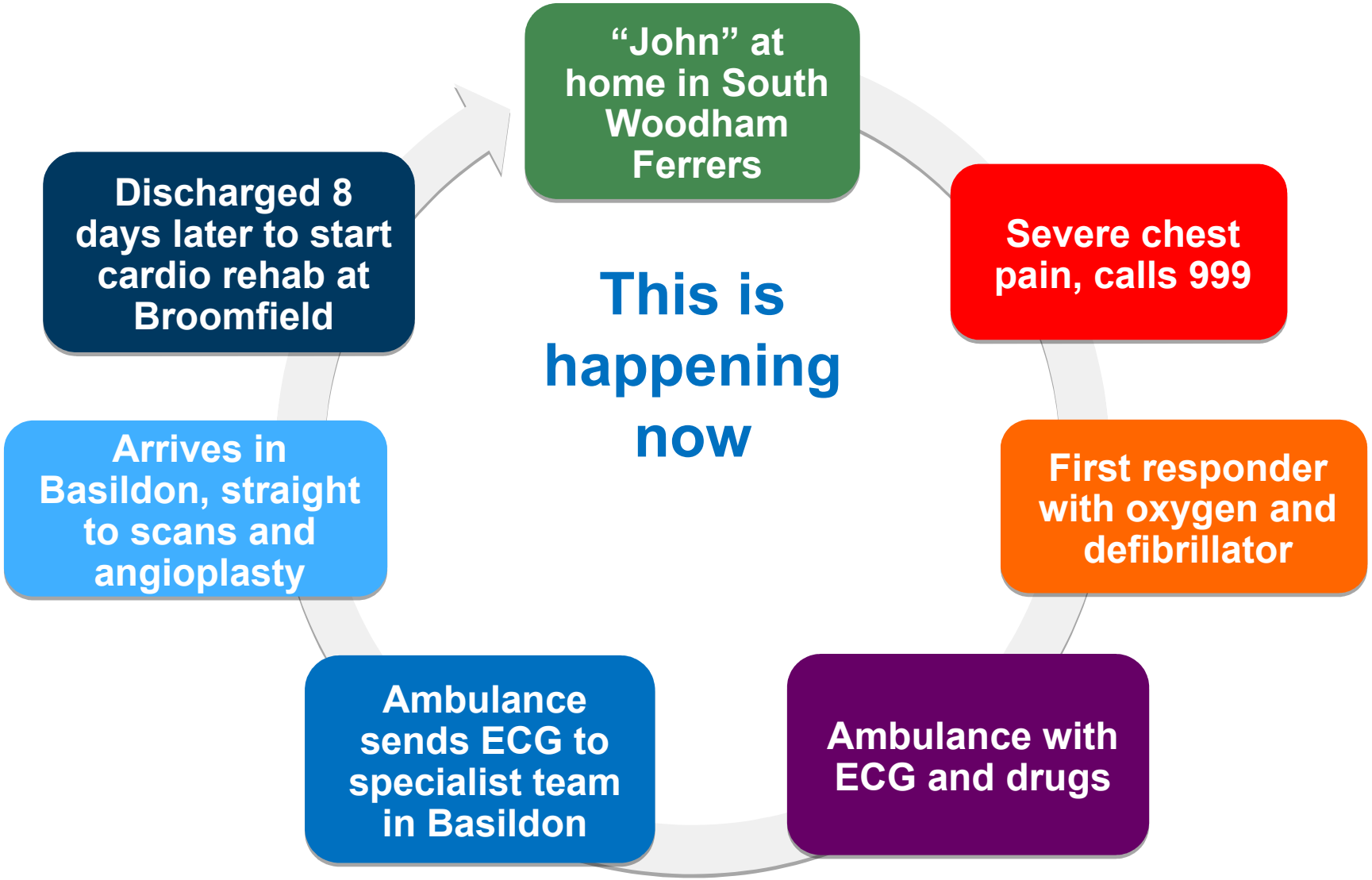
- Support to stay healthy – online tools, face-to-face healthchecks
- Shared records – **multidisciplinary team** for people with health risks
- Physical, mental health and social care
- Early treatment and new services
- End of life care e.g. choice to die at home

Main areas for change (2/2)

3. In hospital

- **3 hospitals working as one group**
- Shared corporate and clinical support
- Clinicians and service users developing reconfiguration options to meet national recommendations
  - **Designation for emergency care**
  - **Separation of emergency from planned surgery**
  - **Opportunities to develop centres of excellence**

In hospital – a patient story



In hospital – Decision rules

Reconfiguration

1. **The needs of the patient come first**
2. Only do it (i.e. implement a new care model) if it is safe
3. If there is no rationale for service change, then it should not change
4. Deliver in two years: maintain "givens" (high-cost fixed services), no major new builds
5. Split elective and non elective work
6. Consolidate services where increased volume will improve patient outcomes
7. Local site should be gateway to all hospital services: maintain core local services

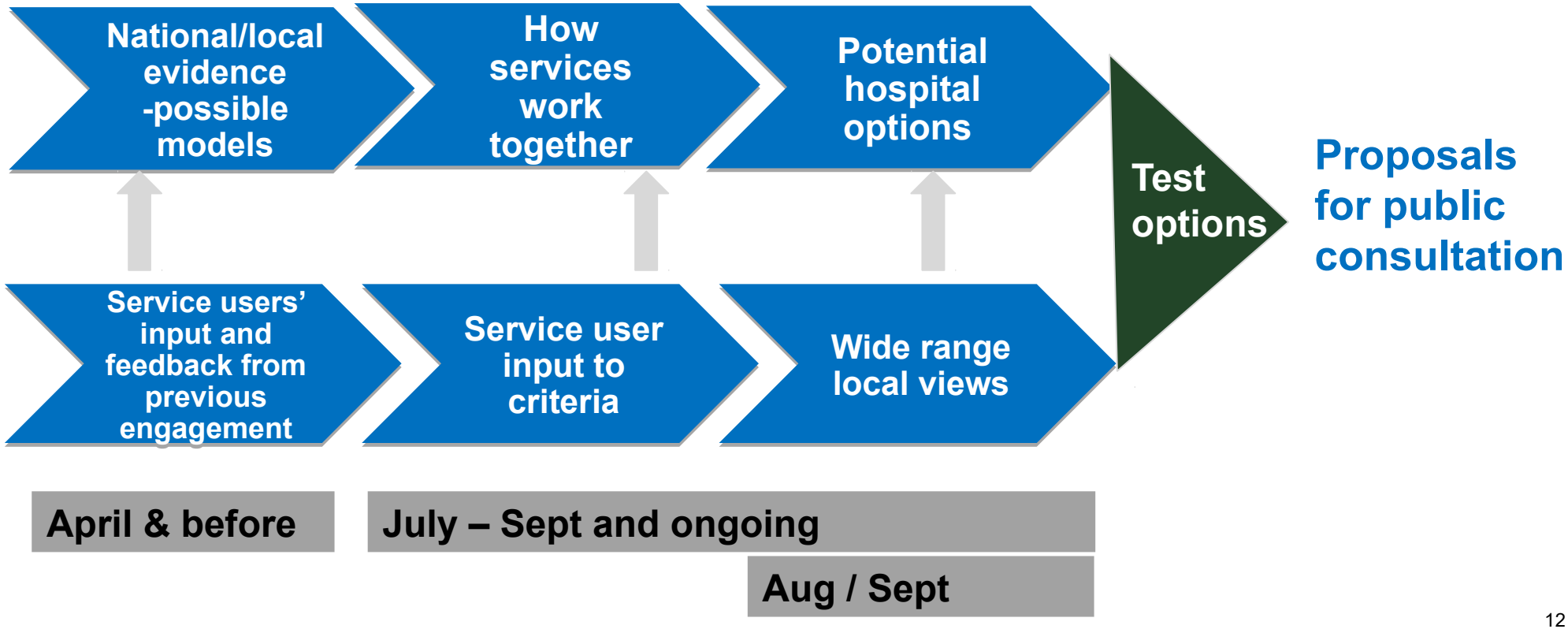
Redesign

1. Design along pathways: services that can be more efficient and effective out of hospital should move
2. Implement change with measures to assess impact
3. Common standards at all sites: measure to ensure consistent processes and outcomes
4. All designs, pathways should simplify access for patients and referrers
5. All staff should work to the top of their skills – it's not all about doctors
6. Don't make patients, staff travel when there's a technological solution e.g. telemedicine
7. Initially focus redesign on bigger services, with lots of interdependencies

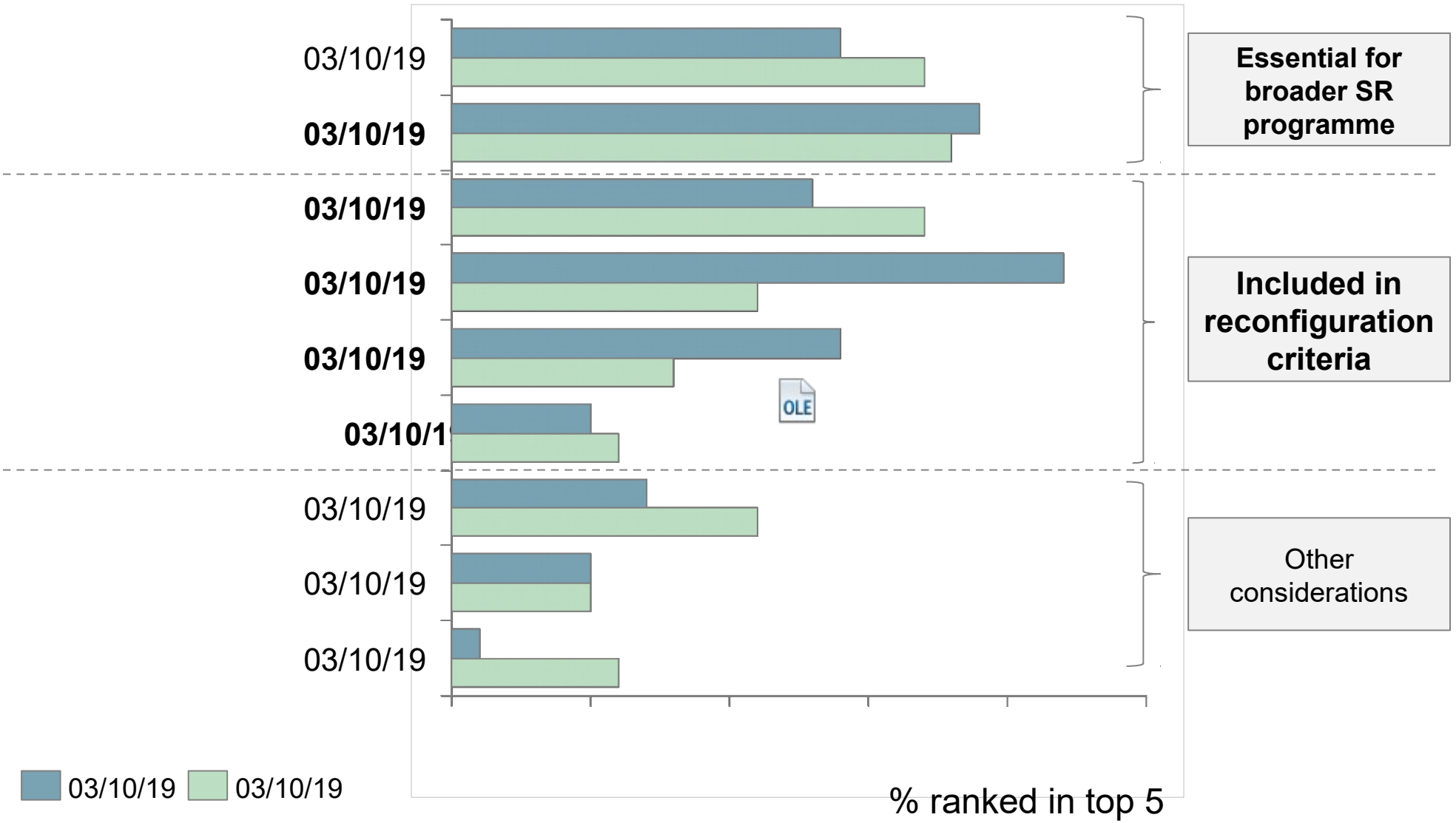
In hospital – developing proposals

No change for existing centres of excellence

- Essex Cardiothoracic Centre at Basildon – life-saving heart and lung services
- St Andrew's Centre for Plastic Surgery and Burns at Broomfield in Chelmsford
- Cancer services and radiotherapy at Southend



Feedback from 'In your shoes' service user event



Current engagement

Dates	Action
To date	**Discussions with key representative bodies** – Essex, Southend and Thurrock overview and scrutiny; health and wellbeing boards, Healthwatch, statutory boards, stakeholder briefings
July	**Information and briefings** • Transfer to new website – links to podcasts, films, presentations • Progress updates for stakeholders • Invitations to get involved and dates of open workshops in September
End July	**Focus groups to feed into options appraisal** • Staff sessions in hospital trusts • Service user workshops (in partnership with CVSs, Healthwatch)
Sept	**Open workshop programme, locality events** • Events in partnership with CVSs, Healthwatch • CCG-led discussions with district/borough councils, vol orgs • Wider community and primary care communities
Oct/Nov	**Pre-consultation business case**