Southend University Hospital NHS
NHS Foundation Trust

Board Development Session – 7 September 2016

Agenda item 80/16 & 81/16

Title	The Case For Change – Mid & South Essex Success Regime
Sponsoring Director	Sue Hardy
Author(s)	Jacky Dixon, Programme Manager NHS England
Purpose	The purpose of this report is to provide the Board of Southend University Hospital NHS Foundation Trust with a comprehensive summary of the case for change for Mid & South Essex. The case for change is being submitted in advance of the pre consultation business case document which will be reviewed in line with the NHS England "*Planning, assuring and delivery service change for patients*" policy by the NHS England Investment Committee.
Previously considered at	n/a

Executive Summary

The Mid and South Essex Success Regime is part of a national programme initiated to improve health and care where systems are managing financial deficits, issues of service quality, or both. It concentrates on certain areas of the country where there are deep-rooted, systemic pressures. The Success Regime aims to:

- Create and support the development of a transparent, internally consistent, whole system plan to deliver high quality care for patients, reduce local health inequalities, and achieve financial balance by 2020-21;
- Establish a locally led and nationally supported programme to deliver the plan;
- Use NHSE and NHSI oversight to unblock barriers to enable delivery at pace

In recent years, Essex has seen higher life expectancy and reduced mortality rates for key conditions. However, an ageing population is placing pressure on the system, and health outcomes are notably worse for those at lower income and higher deprivation levels. This pre-consultation business case identifies four drivers of change that must and will be addressed by the Success Regime.

Firstly, the **highest possible standards of care must be provided across the patch**:

- Out of hospital services are fragmented: primary care has numerous independent practices with limited integration; EoL care is covered by 15 separate contracts. Access is below national levels in primary and EoL care. Quality of life for adults with LTCs varies widely, and the majority of EoL outcomes are below national averages;
- In acute hospitals, key services are falling short of some clinical quality and safety standards. Only 81% of A&E patients are seen within 4 hours (95% national target), with patient surveys indicating lower levels of satisfaction than nationally.
- Local clinicians have conclusively affirmed a compelling case for change across a range of services.

Secondly**, rising non-elective demand must be met**:

- Non-elective attendances are growing at double the national growth rate (8% versus 4% in 2014-15). Unnecessary emergency admissions add further pressure, and could be more suitably treated through community and primary care provision;
- However, neither acute nor primary services are currently configured to meet rising demand. The do nothing scenario leads to a need for 300 additional beds by 2020-21.

Thirdly, **workforce challenges are placing pressure on services across the system.**

- In primary care, the patch ranks in the bottom quartile for GPs/practice nurses coverage, driven by recruiting challenges and high locum spend. In acute hospitals, safe staffing levels are not being met, in particular for A&E where the three trusts average only half of the recommended cover of 10 FTEs;
- Hiring more staff is not a sustainable option given local and national workforce shortages. These can only be met by new ways of working, such as delivering more care out of hospital with new roles required for community health staff.

Lastly**, financial pressures need to be addressed**.

- The annual financial challenge facing local commissioners and providers reached £101 million in 2015-16, and is forecast to increase to £430 million a year by 2020. Increasing financial pressure in funding and delivering acute care services drives much of the deterioration in the system position;
- Identified CIP and QIPP savings would reduce the 2020/21 deficit to £124 million; to achieve balance, initiatives must look beyond the existing configuration of services and find new ways to deliver high quality care at lower cost.

Evidence on health outcomes, patient, family and clinician surveys, and financial and estate projections under a 'do nothing' scenario indicate a compelling case for change through the Success Regime. The pre-consultation business case outlines four implications.

Build stronger localities to deliver a broader range of primary and community services

- Rising non-elective demand and variation in quality across the patch indicates that more care needs to be delivered in primary and community settings or in a person's own home;
- Providing care closer to home can improve patient outcomes, particularly in the case of clinically stable elderly patients, rehabilitation and reablement, and reduce costs;
- NHSE encourages moving towards a larger footprint with greater integration of practices (>30k patients) to increase range and continuity of services, productivity, access to specialist care and longer patient consultations.

Reduce the number of non-elective admissions into acute hospitals

- Rising non-elective demand places immediate pressure on the acute hospitals and wider urgent care network;
- The Urgent and Emergency Care Review recommended extending urgent care services outside of hospital to manage demand. Evidence indicates that early senior consultations improves outcomes and reduces LOS, hospitalisation rates and cost.
- The Urgent and Emergency Care Review recommends centralising specialist care,

maximising survival and recovery rates for serious and life-threatening emergencies. Getting patients into the right ward first time also reduces mortality, harm and LOS.

Reconfigure acute services

- Financial, workforce and quality concerns indicate a need to reconfigure the acutes;
- Evidence suggests that consolidation and associated higher volume of procedures can improve health outcomes for certain key conditions, while reducing costs through greater efficiency and productivity. It can also improve reliability by standardising protocols for treatments and pathways, and workforce needs by reducing duplication and increasing productivity.

Redesign clinical pathways

- Post reconfiguration, clinical pathways will need to be redesigned to reduce duplication, ease patient flows and improve quality of patient care. this includes changing how a pathway is managed by acute, primary and community providers, maximising the use of technology and innovation and changing the workforce model

Date Reviewed by Execs	N/A
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate
Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 3 – Failure to meet operational performance targets Risk 4 – Trust not being financially sustainable Risk 5 – Inability to recruit and retain staff Risk 6 – Unable to maintain estates and facilities to an adequate standard
Legal implications / regulatory requirements	–
Quality impact assessment	–
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.

Recommendations:

The Board are asked to discuss and approve The Case For Change.

The Board is asked to note that a full pre-consultation business case is being developed. This will be submitted to the Board for agreement later in 2016.