Care England Briefing: NHS Success Regimes in Cumbria, Essex and Devon

April 2016

1. Introduction

The purpose of the Success Regimes is *'to improve health and care services for patients in local health and care systems that are struggling with financial or quality problems, or sometimes both.'* The Success Regimes are a joint project across NHS England, Monitor and the NHS TDA.

One thing that all Success Regime areas have in common is that they are above-averagely affected by and ageing population and are home to more deprived populations.

The Success Regime's first three sites are areas facing *'some of the most significant challenges'*. The three areas of Cumbria, Essex and Devon have been selected based on data, such as quality metrics and financial performance, as well as qualitative information indicating the need for system overhaul.

The Success Regimes have no fixed timescale, but each area will work to an agreed timeline for each phase of work. As local health and care economies demonstrate increased capacity and success, support and oversight will lessen.

The Success Regime emphasises that one of the differences about this regime is that it aims to support local change by working *'with health and care economies through from diagnosis right through to implementing the changes'*.

The NHS emphasises that local people will have every opportunity to be fully engaged in improving their health and care system through the Success Regimes, and will be consulted if any major changes are suggested as a result of the work.

The approaches and timescales of the three areas vary considerably: Cumbria is seemingly further ahead, and has a working website and several publications. Devon and Essex do not have websites, and none of the Success Regimes have published their board members online.

This briefing is designed to inform Care England members about the Success Regimes work to date, and encourage them to contact the teams to get involved if, as we expect may be the case, they have not been fully engaged in the work of the Success Regimes so far.

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2. Cumbria Success Regime

Sir Neil McKay has been appointed as the Success Regime Programme Chair.

The local health and care organisations directly involved in the Success Regime are

- NHS Cumbria Clinical Commissioning Group
- North Cumbria University Hospitals Trust (and buddy Trust, Northumbria Healthcare NHS Foundation Trust)
- Specialised services (provided by Newcastle Hospitals, and Northumbria Healthcare NHS Foundation Trusts)
- Cumbria Partnership NHS Foundation Trust
- North West Ambulance Service
- 1st Care Cumbria GP federation
- Carlisle and Borders GP federation
- Support from Cumbria County Council

There is a notable lack of representation from the independent social care sector in this list of key organisations, despite the Cumbria Success Regime website stating that *'Cumbria is working closely with local health and care organisations to support the Success Regime, by providing advice, guidance and challenge. This approach will help to ensure that engagement plans supporting the programme are tailored to the needs of local people.'*

Area

The Success Regime covers the four districts of Carlisle, Allerdale, Eden and Copeland. The Regime will consider patient flow in the southern part of Cumbria, as patients often choose to access healthcare provided beyond their immediate geographical boundaries.

The isolated and scarcely populated geography of Cumbria means longer travel times and additional difficulties in providing care, with population density 80% lower than the national average and travel times to a GP twice the English average.

Public engagement

The involvement of Healthwatch Cumbria (an independent organisation set up to champion the views of patients and social care users in Cumbria) will be the way in which the Success Regime engages with the public. Healthwatch Cumbria has organised a number of dates for public meetings and listening events. The dates, times and venues for the meetings can be found online, by following links below.

The events will show presentations from leaders of the Success Regimes, sharing their emerging thinking, before taking questions from the public and listening to their suggestions for alternative options for the way health and care services should be run in future.

Publications

On 9th March 2016 the Cumbria Success Regime published *'Key challenges and baseline facts and figures'.* This document details some of the facts and figures behind the challenges faced by the local health community. The report can be accessed by following this link:

http://www.successregimecumbria.nhs.uk/images/Key_challenges_and_baseline_facts_and_figures.pdf

Findings of this report

The report identifies a number of key challenges:

1. Cumbria's population is *'super ageing'* with a higher than average growth in the proportion of older people year on year.

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2. Cumbria reports comparatively high levels of ill-health prevalence rates within our population, meaning that we have a high treatment burden in primary and secondary care. Primary prevention (e.g. addressing lifestyle risks) is an area where we need to do more.
3. Cumbria's geography makes service delivery harder than average – communities are spread over a large area, and people are isolated.

The result is that:

1. Use of more intense services (e.g. hospitals and care homes) is higher than necessary. Cumbria would like for earlier preventative and less intensive services to be offered, and for people to move from intensive to less intensive settings more quickly, by enabling people to live more independently.
2. Key services (urgent & emergency care, secondary care diagnosis & treatment and rehabilitation) are not always provided sufficiently promptly, and core access standards are not consistently met – this is especially the case for people who are frail or need multi-agency care.

The context and health and care landscape:

1. Funding for local authority services has reduced significantly and is forecast to continue doing so.
2. The health and care system is currently using an expensive and unpredictable, large temporary workforce of doctors and other key professionals. This is a major factor affecting the cost and quality of services in primary, secondary and social care - feedback from staff is that they are often not working in a sustainable way.
3. 3. The relationships between the public and services are varied with generally positive patient experience alongside some communities feeling extremely disconnected from their local health services. Trust is fragile between the public and healthcare organisations.

<u>The ageing population</u>

'An ageing population is placing increasing pressure on health and social care Services (in Cumbria).'

According to the Social Care Outcomes Framework (ASCOF) data, Cumbria CC has c.25% more people receiving residential/nursing care per capita

The projected number of older people accessing social care due to a physical disability, learning disability or a mental health problem is projected to increase over the next 5 years in Cumbria by 14%, 8% and 10% respectively. This is despite the overall population remaining relatively constant.

The number of older people receiving person centred care is increasing more sharply than the national average (55% increase for Cumbria County Council between 2006-2010).

<u>Cumbria Progress report 1st March 2016</u>

This report summarises the progress of Cumbria's Success Regime:

http://www.successregimecumbria.nhs.uk/images/Public_progress_report.pdf

<u>Integrated Care Communities and Community Hospitals</u>

Cumbria describes that their emerging thinking involves the development of Integrated Care Communities (ICCs) designed to strengthen out of hospital care. Cumbria says that:

'ICCs will bring together general practice, social care, community services and community assets including community hospitals to provide coordinated care and better approaches to improving population health. Based on natural communities (of between 20,000 and 70,000 people), these ICCs will form an extended primary health and care team wrapped around clusters of GP practices.'

Cumbria anticipates that the impact of ICCs will be to:

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- Deliver more care outside of hospital
- Ensure an increased focus on the prevention of ill health
- Focus more attention on to self-care
- Improve the consistency of care delivery

Cumbria anticipate that they might create around seven ICCs, and they have identified three potential early adopter sites (Workington, Maryport & Cockermouth and Eden) two of which will benefit from being part of the national Primary Care Home initiative. This initiative was set up by the national association of primary care (NAPC). Care England is looking into more information on this initiative.

Cumbria say that they have involved a wide range of health and social care partners in workshops on urgent care at the end of 2015, which included discussion about the future role of community hospitals and how we develop high quality, sustainable care in community settings. If this is not the case for you as a care provider in this area, this is all the more reason to get in touch with the local Success Regimes team to ask to be included in their work.

This meeting on urgent care discussed the *'emerging option'* to focus the inpatient beds on a smaller number of sites in three geographical areas. Under this option Carlisle, Eden, and West Cumbria would each have one or two locations of centralised in-patient beds. For example, this might involve:

- The creation of a new 32 bed unit at the Carleton Clinic in Carlisle
- The expansion of the Penrith community hospital in Eden
- The expansion of the Workington and Cockermouth community hospitals in West Cumbria
- Other sites at Alston, Wigton, Brampton, Maryport, and Keswick could deliver alarger range of health services along with social care and third sector services but no inpatient beds.

An alternative option would see all of Cumbria's community hospitals developed as community hubs without in-patient facilities. This option is described as *'the most radical'* and would require significant investment in the development and maximisation of community and social care services to support patients at home rather than relying on in-patient beds.

Mental Health in Cumbria

'The high prevalence of mental health conditions implies a high population need for mental health services.'

Cumbria have said that key focus areas for the mental health work stream are to develop a multi-agency crisis assessment centre on the CIC site, which would be an alternative urgent care response to A&E for patients with mental health problems. This would also help reduce the number of repeated, inappropriate hospital attendances at CIC and ensure people get the right care at the right time.

Contacting Cumbria Success Regime

'We need the support and contributions from members of the public and partner organisations across North Cumbria and we will be embarking on wide-ranging public engagement and consultation activities as part of this work. Your views will be vital in helping shape and delivering the changes needed.'

If you think your organisation could offer views, advice, care capacity or any other contribution to this work, you can contact the Success Regime Programme in Cumbria by emailing: successregime.cumbria@nhs.net

Or write to the team at: WNE Cumbria Success Regime, 4 Wavell Drive, Rosehill Industrial Estate, Carlisle, CA1 2SE

You can follow the Cumbria Success Regime on Twitter at: @SRCumbria; look them up on YouTube: Success Regime WNE Cumbria; or Facebook: https://www.facebook.com/Success-Regime-Cumbria-668829669923728/

To have your say you can also use the form on the Success Regimes website: http://www.successregimecumbria.nhs.uk/have-your-say

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3. Essex Success Regime

http://www.sept.nhs.uk/about-us/essex-success-regime/

'Closer collaboration across mid and south Essex is something that senior healthcare leaders have been developing already. It is important that we seize the opportunity we have been given as part of the Success Regime to make radical change to improve the health of our population.'

In Essex, the Success Regime intends that local clinicians, supported by managers, will drive change with the involvement of partners and local people. Work programmes will be governed locally through a System Leaders Group and a number of working groups involving all of the local statutory health and care organisations. It is not yet clear who will be on the System Leaders Group. The Independent Chair of the Group has been announced as Dr Anita Donley.

The main areas of change for patients

- Increasing the number of consultations available locally by involving a wider range of professionals in primary care
- Teams working together to support patients with complex needs, such as frail and older people, or people receiving end of life care
- Shifting some routine hospital outpatient services to GP surgeries or local health centres
- Strengthening links with voluntary sector, housing and other public services in each locality.

Priorities in Urgent and Emergency care include

- Consistent health and social care support for older people leaving hospital.

The Essex Success Regime involves the following main organisations

Service providers

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Mid Essex Hospital Services NHS Trust
- NELFT NHS Foundation Trust
- North Essex Partnership University NHS Foundation Trust
- Provide
- Southend University Hospital NHS Foundation Trust
- South Essex Partnership University NHS Foundation Trust

Clinical commissioning groups (CCGs)

- Basildon and Brentwood
- Castle Point and Rochford
- Mid Essex
- Southend
- Thurrock

Local authorities

- Essex County Council
- Southend-on-sea Borough Council
- Thurrock Council

Essex says that: *'All health and social care services are involved in the programme, including over 180 GP practices, community services, mental health and social care and hospital services.'* If you as a social care

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provider have not been involved in the programme to date, please use the contact details below to contact the Essex team and ask for involvement in the programme.

Progress update 1: the Essex Success Regimes timeline

October 2015 Phase 1 – a detailed review to assess the challenge and scope for action.

November 2015 Conclusion of phase 1 – decision to focus on mid and south Essex health and care systems (linked to other support arrangements for west and north east Essex).

December 2015 Programme set up, including recruitment process for an independent Chair. The chair of the previous Acute Care Collaborative in mid and south Essex, Professor Sir David Fish, agreed to fill this role in the interim. Andrew Pike, Director of Commissioning (East), NHS England is asked to coordinate on behalf of the national tripartite.

First two meetings of the System Leaders Group to oversee development of action plans

Launch of phase 2 to develop options and plans for implementation, including local engagement and consultation

January 2016 Further meetings of the System Leaders Group Establishment of a Clinical and Professional Leaders Group; Outline of work programmes to be led by local system leaders; Appointment of an interim lead for Communications and Engagement; Full time appointments to the independent Chair and Programme Director roles are currently in progress and aiming to conclude by early February; Summary of the challenges to tackle.

The review process

A short intensive review took place in phase 1 between 29 September and 2 November. This involved:

- Over 40 interviews with service clinicians, managers, local authority and patient representatives
- A review of current plans in each CCG and NHS provider organisation
- An assembly of new information, statistics and analytics

Overall conclusions from the review

'Care in Essex currently costs more than the money available. This is not sustainable. These deficits put enormous pressure on services across the whole health and care system and on the ability to deliver the best patient care.'

The geography and history of health and care services in Essex creates specific challenges, for example: the structure of the county has resulted in five small hospitals, where in other areas, a similar sized population might be served by one or two hospitals, and benefit from efficiencies and economies of scale.

Instead, because of the larger geographical area, there is duplication of services across each hospital. This is expensive: *'it requires more clinical staff, and, in some specialties, qualified professionals are in short supply. This creates difficulties recruiting to clinical rotas, and Essex hospitals have a higher than average use of locum staff.'*

While money continues to go into sustaining expensive hospital services, there is less available for primary, community and social care - the very place where investment is needed for better health outcomes and a better patient experience.

The review concludes that there needs to be greater collaboration and integration between hospitals and primary, community and social care.

Contracting to Providers

'In terms of commissioning, the phase 1 review found that there are over 300 contracts between the seven CCGs in Essex, three local authorities and various service providers. This takes up management resources and can slow the pace of change where multiple stakeholders are involved in decisions. In the feedback from

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interviewees during the phase 1 review, there was a high level of consensus about how greater collaboration could improve efficiency, reduce waste and improve patient care. We will be contacting local bodies and community representatives over the next few weeks to arrange dates for discussions from March onwards.'

Again, if you have not been contacted by the Success Regimes team in Essex, please get in contact with them using the below contact details.

Proposed changes to CCG commissioning

'Developing a "common offer" of services': The five CCGs in the Success Regime will work together to simplify contractual arrangements, and to reduce current variations in access to NHS services.

This suggests that social care providers, who tend to be smaller and more disparate, could be affected by such changes in Essex. In order to contribute to the decision-making in Essex, if you have not yet been contacted, please consider contacting the Success Regimes Team.

Contact details for Essex Success Regime

Wendy Smith, Communications Adviser: wendy.smith60@nhs.net

Andrew Pike, coordinating the Essex Success Regime on behalf of the tripartite of national organisations: andrewpike2@nhs.net

Essex is in the process of establishing a group of local communications leads and service user representatives. If you, or one of your service users, would like to contribute to this work, contact above.

You can also send your views via email at england.essexsuccessregime@nhs.net

On their website, the Essex Success Regimes team suggest inviting them to attend one of your meetings. If you would like a representative to attend your meeting, please email england.essexsuccessregime@nhs.net

Next steps and milestones

- April - Further detailed planning
- End of May - Start patient, clinical and staff engagement on potential service changes
- Early September - Refine options and engage
- September to December - Public consultation on service changes, where required

Link to Essex Operational Briefing: http://www.sept.nhs.uk/wp-content/uploads/2016/03/160301-SR-Operational-briefing-v16.pdf

Link to Essex Success Regimes information and resources: http://www.sept.nhs.uk/about-us/essex-success-regime/

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4. Devon Success Regime

Judith Dean has been appointed as programme director.

The members of the Success Regime in the Devon

- Devon County Council
- Devon Doctors
- Devon Partnership NHS Trust
- Healthwatch (Devon and Plymouth, also representing Torbay and Cornwall Healthwatch)
- NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NHS NEW Devon CCG)
- Northern Devon Healthcare NHS Trust
- Plymouth City Council
- Livewell Southwest (formerly Plymouth Community Healthcare)
- Plymouth Hospitals NHS Trust
- Public Health England
- Royal Devon and Exeter NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Virgin Care

'Local people will have every opportunity to be fully engaged in improving their health and care system through the Success Regime and will be consulted if any major changes are suggested as a result of the work.' On this basis, if your organisation and/or your service users and their families have not been consulted, you should contact Devon using the contact details below.

This new regime will build upon existing approaches to providing support and challenge to local systems. The regime:

- Will work across whole health and care economies in a more joined-up way to fix the current problems.
- Will provide both support and challenge to the organisations within these health and care economies, not just diagnosing the problems and identifying the changes required, but importantly also implementing those changes.
- Will seek to strengthen local leadership capacity and capability, with a particular focus on leaders working together to drive improvements for patients and for their organisations.
- Will link with other developments and innovations, for example, exploring whether one of the new care models may form part of the solution.

Devon talks about local services working jointly as a *'system'* with a *'common purpose'*, *'approach'* and ambitions. If this is not your experience of the Success Regime's aims to date, you should contact Devon below.

There are three phases to the programme:

Phase One

October to December 2015 is Devon's 'Diagnostic Phase' to establish the underlying issues. This is to establish a shared view on what is causing the system to over-spend, so to target the precise problems Devon faces.

Phase one has now been completed, so that the Success Regime has more *'clarity on the clinical and financial reasons for the over spend and have produced a list of future opportunities and options for change that can be considered in phase two.'*

Phase Two

Between January and June 2016, the second phase will develop solutions to improve short-term performance, as well as developing longer term strategic solutions. This phase will also include work to address any immediate performance or quality issues.

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This phase focuses on the evaluation of the options for change developed in phase one and we are committed to involving those living in the area, health and care staff, partners and others in the process of selecting, consulting on and the development of solutions.

Phase Three

The final phase will be about implementing those longer-term strategic solutions and turning plans into action.

Pressures facing Devon's health and care system

According to the Success Regimes team at Devon, this is the landscape against which Devon is undertaking a health and care turnaround:

- People in north, east and west Devon are living longer, with increasingly more complex care needs that require more support from health and social care services.
- More than 1 in 5 people in north, east and west Devon are over the age of 65 and this will be almost 1 in 4 by 2021. The number of very elderly people is also high, with 3.1% people in north, east and west Devon over the age of 85 compared to 2.3% on average across England.
- An ageing population means an increasing incidence of dementia – there are an estimated 10,000 people in north, east and west Devon with dementia – although only half of these have a formal diagnosis.
- There are quite big differences in health outcomes – or 'health inequalities' – between some of these areas, particularly Plymouth.
- Some people have more health and social care needs than others. In north, east and west Devon, 40% of local people use almost 80% of health and social care.
- There are 280,000 local people, including 13,000 children, living with one or more long-term condition such as asthma, diabetes, hypertension, cancer and mental illness and their needs are complex.
- Around 150,000 people in north, east and west Devon have a mental illness, including 10,000 people with a serious mental illness who are three to four times more likely to die at an earlier age than the general population.
- Around 95,000 people with a long-term condition also have a mental illness.
- Local health and social care services are under severe financial pressure, and are likely to be £442m in the red by 2020/21 without the Success Regimes intervention.
- There are too many people in hospital beds who don't need to be there.
- A third of bed space in community hospitals is empty or under-used – the money spent on this space could be better used elsewhere.
- Local people are waiting too long to access some cancer services.
- Local hospitals are finding it difficult to deliver services for some of the most seriously ill people. This is because many services are small, and senior staff and specialist tests and equipment are not available 24 hours a day. These include stroke, maternity, A&E and children's services.
- There are difficulties with recruiting and retaining staff at all levels making it hard to provide comprehensive and high quality services.

Next steps

Devon is now asking people about their interest in helping to solve the issues they face. Details of how you can get involved will be published in due course.

Devon has no Success Regimes website yet. For more information, visit https://www.newdevonccg.nhs.uk/about-us/success-regime/101821 Downloadable files are available at the bottom of the page. This information online is *'an interim measure until a permanent place can be found for all Success Regime related communications.'* (11th February 2016)

For more information, or advice from Care England on getting involved in your area's Success Regime, Contact: Saskia Goldman, Policy Officer, Care England sgoldman@careengland.org.uk

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