

# Reconfiguration of hospital services

## A programme to sustain services and improve care

### Appendix 9 – Strategic Alignment of Plans

As referred to in Chapter 11



## Alignment with National Policies

The following table sets out how the STP and this PCBC align with and support the delivery of a range of national goals.

National Guidance	Key Policy Goals	How mid and south Essex address these goals
<p><b>Forward View Next Steps</b> (<i>NHS England 31 March 2017</i>)</p>	<p>Outlines key priorities and targets for 2017/18 and 2018/19 in the following areas:</p> <ul style="list-style-type: none"> <li>• Urgent and emergency care</li> <li>• Cancer</li> <li>• Primary care</li> <li>• Mental health</li> </ul>	<p>Acute reconfiguration will contribute to delivery of UEC and cancer goals, for example by harmonizing cancer pathways, consolidating clinical teams and focus elective surgery on Southend site.</p> <p>The transformation of the primary care and development of localities is a core element of the local health and care plan, including extended access, investment in additional services and expanded capacity</p> <p>One of the four STP priorities is transforming mental health services, including increasing access to services in localities, more consistent provision of support in A&amp;E and stronger, more consistent pathways for secondary care provision</p>
<p><b>General Practice Forward View</b> (<i>NHS England, 2016</i>)</p>	<p>Accelerate funding of primary care</p> <p>Expand and support GP and wider primary care staffing</p> <p>Reduce practice burdens and help release GP time</p> <p>Develop the primary care estate and invest in better technology</p> <p>Provide a major programme of improvement support to practices</p>	<p>Providing effective, valued, stable general practice is at the heart of our proposals. We know that we cannot deliver our future model of care without supporting General Practice to take clinical and system leadership.</p> <p>This is why a large proportion of our proposed investments are aligned to releasing general practice capacity, and providing training and support to enable GPs to work in more effective ways (for example, increasing</p>

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		the opportunities for General Practitioners with Specialist Interests). This includes focused investment in both estate and technology.
<p><b>The Five Year Forward View for Mental Health</b> (NHS England, 2016)</p>	<p>Provide access to mental health care 7 days a week and 24 hours a day:</p> <ul style="list-style-type: none"> <li>• Ensure that a 24/7 community based mental health crisis response is available across England</li> <li>• Expand community-based services to support people with severe mental health problems to live safely close to home                             <ul style="list-style-type: none"> <li>Provide an integrated approach to mental and physical health</li> </ul> </li> <li>• Offer screening and secondary prevention for people living with severe mental health problems</li> <li>• Improve access to evidence-based psychological therapies                             <ul style="list-style-type: none"> <li>Promote good mental health and prevent poor mental health:</li> </ul> </li> <li>• Increase access to high-quality mental health care for children and young people</li> <li>• Support more people living with mental health problems to find or stay in work</li> <li>• Support local communities to raise awareness of good</li> </ul>	<p>A key stream within the Urgent and Emergency workstream is to improve access to and capacity in 24/7 mental health crisis services.</p> <p>Within our localities, we intend to provide integrated and personalised services through locality teams that have the flexibility to co-create packages of care to meet the holistic needs of people e.g., ensuring that the right accommodation is in place for people to leave acute centres</p>

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<p><b>Leading Change, Adding Value</b>  <b>A framework for nursing, midwifery and care staff</b>  <i>(NHS England, 2016)</i></p>	<p>mental health</p> <p>Articulates 10 commitments to support the actions of nursing, midwifery and care staff to address unwarranted variation, narrow the three gaps of health and well-being, care and quality, funding and efficiency and achieve the triple aims of better outcomes, better experiences and better use of resources</p> <ol style="list-style-type: none"> <li>1. Promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff</li> <li>2. Increase the visibility of nursing and midwifery leadership and input in prevention</li> <li>3. Work with individuals, families and communities to equip them to make informed choices and manage their own health</li> <li>4. Centre on individuals experiencing high value care</li> <li>5. Work in partnership with individuals, their families, carers and others important to them</li> <li>6. Actively respond to what matters most to staff and colleagues</li> <li>7. Lead and drive research to evidence the impact of what we do</li> <li>8. Have the right education, training and development to enhance our skills, knowledge and understanding</li> </ol>	<p>Investing in nursing, midwifery and care staff is a central part of our model for local health and care.</p> <p>We will invest in training and capability build so that this cohort to be supported to deliver more effective preventative care, and proactively manage demand. This has the dual benefit of improving the quality and consistency of care for patients, and in releasing General Practitioner capacity to more effectively manage complex patients.</p>

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	<p>9. Have the right staff in the right places and at the right time</p> <p>10. Champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes</p>	
<p><b>Achieving World-Class Cancer Outcomes: Taking the strategy forward</b> (NHS England, 2016)</p>	<p>Spearhead a radical upgrade in prevention and public health</p> <p>Drive a national ambition to achieve earlier diagnosis</p> <p>Establish patient experience on par with clinical effectiveness and safety</p> <p>Transform our approach to support people living with and beyond cancer</p> <p>Make the necessary investments required to deliver a modern, high quality service</p> <p>Ensure commissioning provision and accountability processes are fit-for-purpose</p>	<p>Several elements of the PCBC combine to support these ambitions. In particular, the acute reconfiguration proposals include options to develop a system Cancer Centre, to provide enhanced, specialist care for patients with cancer.</p> <p>The Local Health and Care model is seeking to establish a step change in self-care and prevention – addressing many of the key risk factors for cancer (obesity, smoking, alcohol)</p> <p>Delivering a more effective primary care model should enable opportunities to enhance early diagnosis – including up-skilling nursing staff and other healthcare professionals.</p>
<p><b>A Right Care Collaboration 2015/19 Forward View</b> (Right Care, 2015)</p>	<p>Make value the central focus of healthcare decision making and culture:</p> <p>Maximise the value that the patient derives from their own care and treatment, personalization of decisions and shared decision making</p> <p>Maximise whole population value from healthcare investment</p> <p>Identify un-warranted variation and the actions needed to tackle it</p>	<p>A core driver of our work is to reduce unwarranted variation and ensure consistent, high quality care across Mid and South Essex – through our new models of acute and local health and care. Our 'common offer' workstream represents one core element of this approach.</p> <p>Our approach is based on collaborative, integrated working across traditional organisational boundaries – with the type and intensity of</p>

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	<p>Develop an understanding of how "systems of care" delivered through networks are the best way to improve value as opposed to a focus on organisational structures</p> <p>Utilise patients and patient groups as part of the solution</p> <p>Create a new culture focused on value</p>	<p>interventions and support tailored to the needs of population cohorts.</p> <p>We will measure the success of the transformation against key outcome metrics including:</p> <ul style="list-style-type: none"> <li>· 30 day hospital readmission rate</li> <li>· Deaths in hospital</li> <li>· Individuals supported in their own home 91 days after admission</li> <li>· Deaths in usual place of residence</li> </ul> <p>Ultimately, we want our localities to be accountable for delivering high quality, value-based services. We will explore options including capitated funding to support this approach.</p>
<p><b>Five Year Forward View</b> (NHS England, 2014)</p>	<p>Increase focus on prevention and public health</p> <p>Increase the control patients have over their own care</p> <p>Integrate care between hospital and out of hospital, physical and mental health and health and social care</p> <p>Support local health communities to deliver new care models:</p> <ul style="list-style-type: none"> <li>· Multispecialty community providers</li> <li>· Primary and Acute Care systems</li> <li>· Redesign urgent and emergency care services to integrate between A&amp;E departments, GP out-of hours services, urgent care centres, NHS 111 and ambulance services</li> </ul>	<p>Our local health and care model of care has the goal of enhancing self care and prevention at its core - with a focus on providing navigation to the right care through health coaching, patient navigators and community activation</p> <p>The model will deliver integrated care based on segmented population management. There will be integrated pathways across domains, to shift activity to the most appropriate channel</p> <p>Investment in primary care and localities to enable a transformation of primary care services into a new model of care that is accountable for broader population health. Progress towards MCP and PACs models of care</p>

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		supported by organisational form and structural change
<p><b>Transforming Urgent and Emergency Care Services in England</b> (NHS England, 2013)</p>	<p>Support self care</p> <p>Help people with urgent care needs get the right advice or treatment in the right place, first time</p> <p>Provide a highly responsive urgent care service outside of hospital to reduce pressure in A&amp;E</p> <p>Ensure that people with more serious or life threatening emergency needs receive treatment in expert centres</p>	<p>We are following the national vision where our Integrated Urgent Care service, supported by an Integrated Clinical Advice Service (Clinical Hub) will assess the needs of people and advise on or access the most appropriate course of action, including:</p> <p>Where clinically appropriate, people who can care for themselves will be provided with information, advice and reassurance to enable self-care.</p> <p>Where possible, people will have their problem dealt with over the phone by a suitably qualified clinician.</p> <p>People requiring further care or advice will be referred to a service that has the appropriate skills and resources to meet their needs.</p> <p>People facing an emergency will have an ambulance dispatched without delay.</p> <p>999 will continue to provide an emergency service whilst 111 will take all calls requiring urgent but not emergency care.</p> <p>Our clinical reconfiguration options are based on a principle of consolidating appropriate services in expert centres – and includes emergency department redesignation proposals.</p>