For planning purposes only

NHS

Mid and South Essex Success Regime

A programme to sustain services and improve care

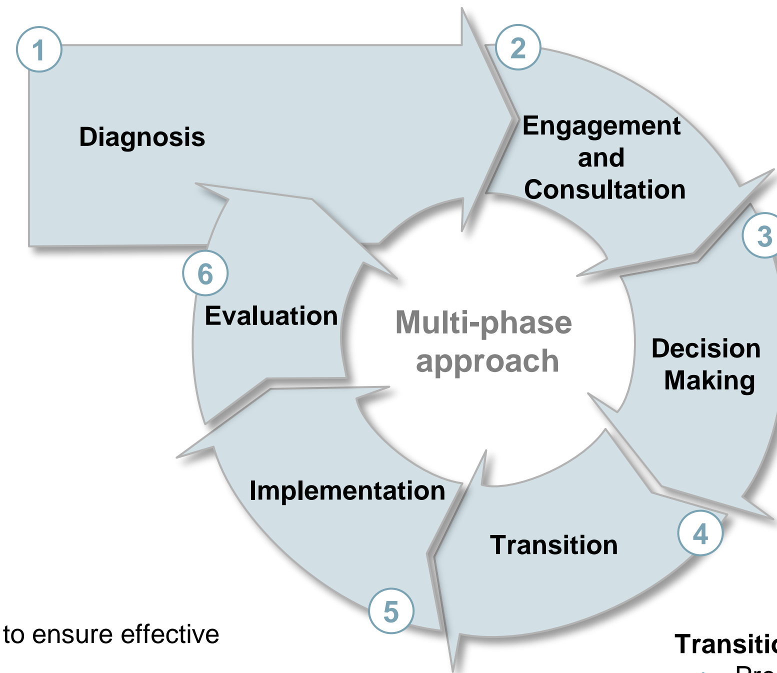
STP – Implementation Annex

21 October 2016

Implementation approach

Diagnosis
- Identify case for change – key challenges facing local health economy
- Determine key areas of focus for Success Regime to achieve sustainable improvements in health and social care outcomes

Engagement and Consultation
- Engage with key stakeholders to test, shape and refine potential solutions
  - Identify potential end-state service options and models of care
  - Prioritise potential options; understand potential benefits and trade-offs
  - Define delivery approaches; align organisations to facilitate delivery of proposed plans
- Formal consultation, where appropriate



Evaluation
- Identify lessons learnt to inform future delivery
- Evaluate and track impact of delivery
- Refine and enhance the programme to ensure maximum benefits to patients and the wider workforce

Decision making
- Consider outcomes of engagement and consultation
- Develop detailed transformation and implementation plans
- Determine concrete actions and next steps to realize ambition

Implementation
- Roll out initiatives in managed way to ensure effective implementation
- Test and refine approach to ensure delivery of desired benefits
- Embed residual planning and delivery into future operational plans

Transition
- Prepare services for transformational change
  - Identify and put in place key enablers – incl. training, IT, change management
  - Pilot service changes ahead of full-scale roll out
- Ensure organisations readiness for change

High-level timelines: overview

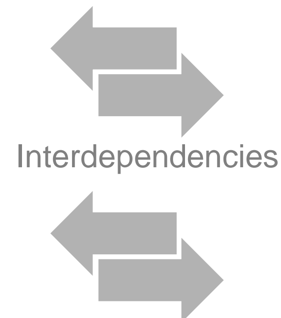
The STP priorities require co-ordination to manage the interdependencies between Local Health and Care and In Hospital
- Delivery of acute reconfiguration relies upon managing the demand for healthcare and building capacity outside the hospital
- Similarly building care capacity locally relies on acute reconfiguration to enable efficient delivery of care and to free up resources
- The STP has agreed an implementation framework that ensures system-wide oversight and accountability

Local Health and Care led

Manage demand for healthcare
- Prevention, Early Intervention and Self Care
- Integrated pathways (Frailty, LTC)
- Urgent and Emergency Care

Build capacity outside the hospital
- Primary Care
- Localities
- Specialist pathway redesign (*Joint with IH)*

Enablers
- Acute commissioning
- Common Offer
- Estates
- Technology and Innovation
- Workforce



In Hospital led

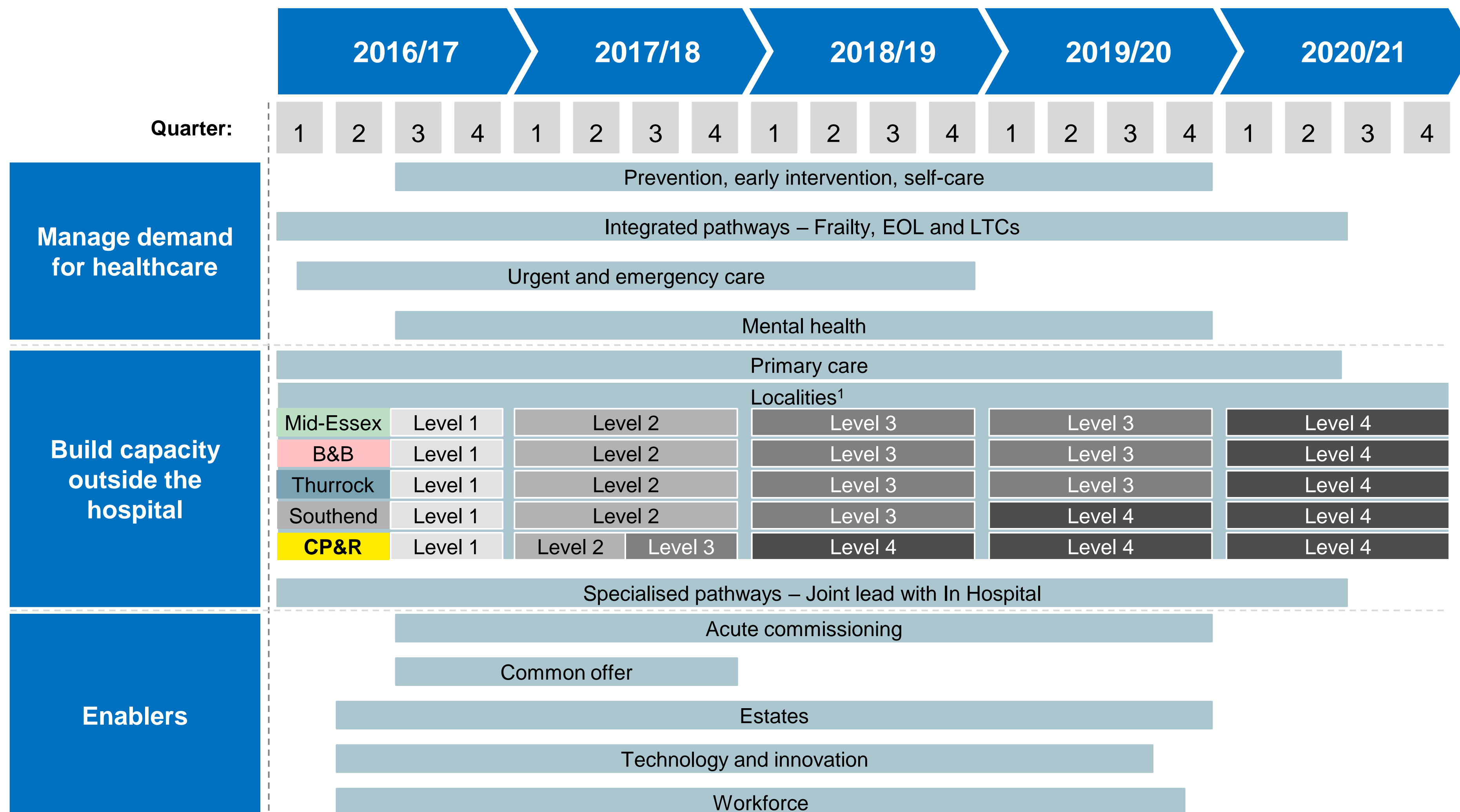
Acute Reconfiguration
- Urgent and Emergency Care
- Paediatrics
- Women's
- Elective Surgery

Clinical Support

Corporate Support

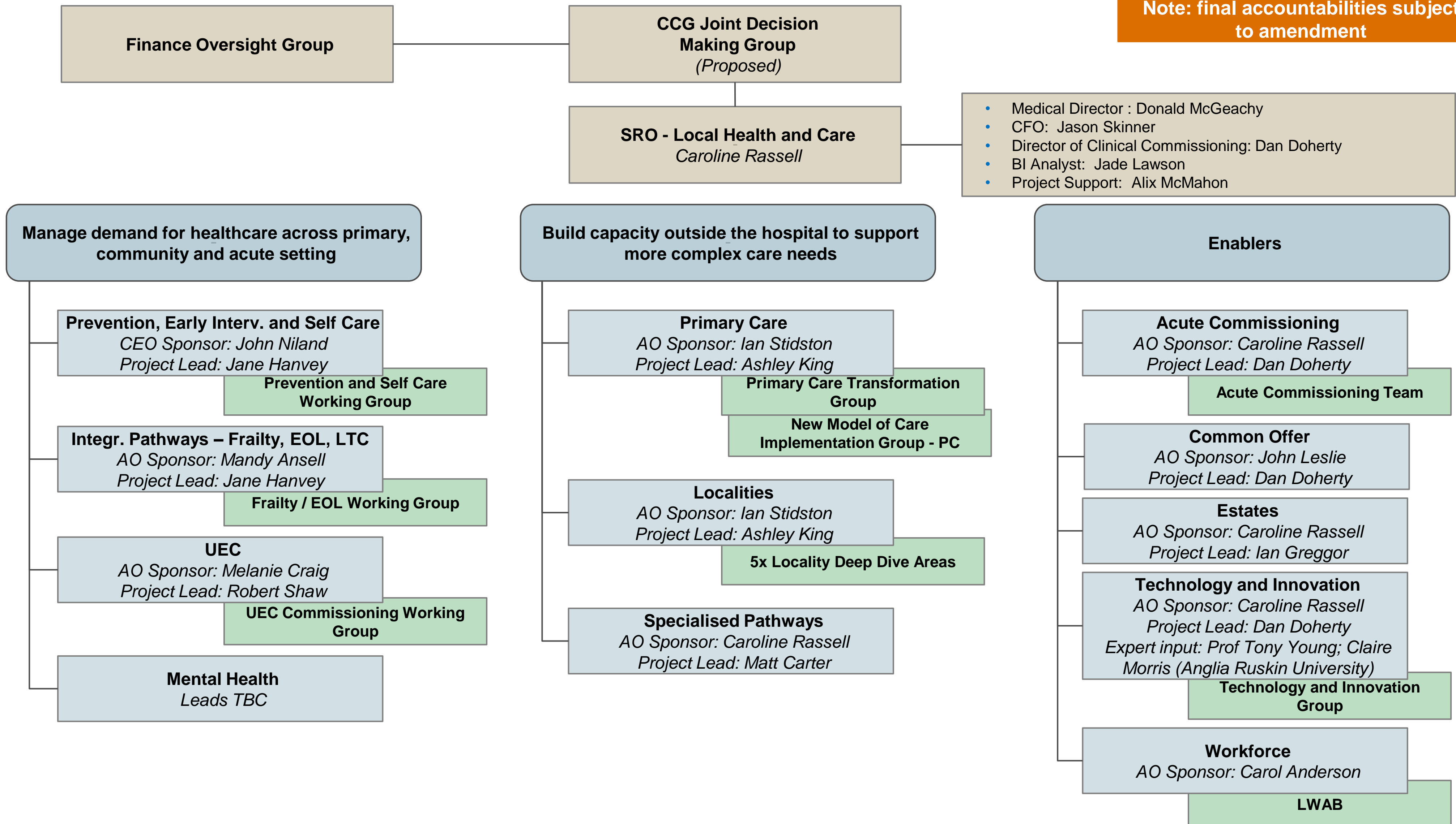
Clinical and specialist pathway redesign
- *Joint with LHC*

Local Health and Care implementation timeline

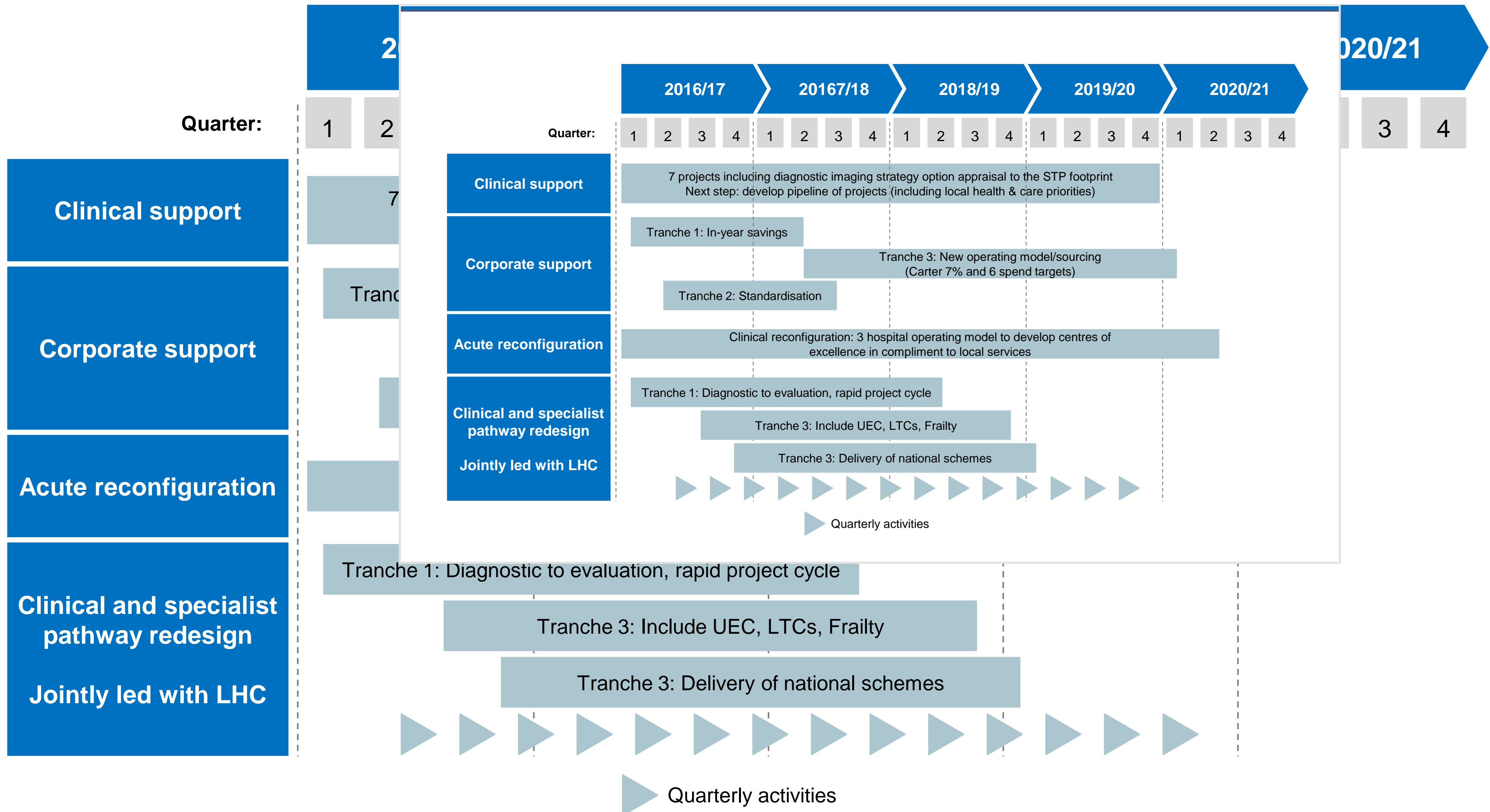


1. Please see STP narrative for a full description of the levels of locality development, aggregate view by CCG is shown

Local Health and Care – workstreams and key leads

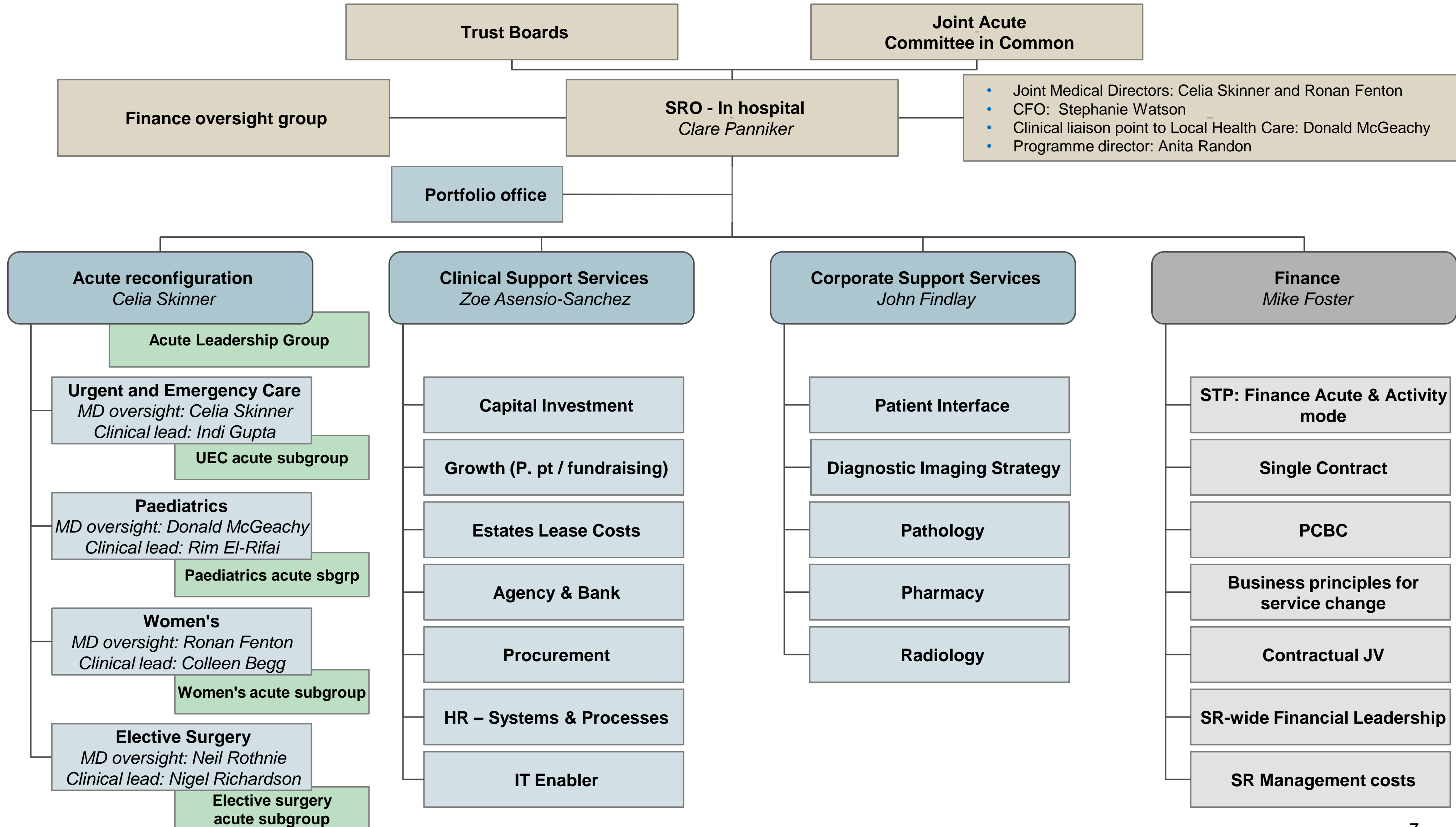


In Hospital implementation timeline



Note: final accountabilities subject to amendment

In Hospital – workstreams and key leads



Building blocks for successful implementation

Modelling and planning

Three discrete implementation activities underlie a robust analytical process. The following provides an overview of the building blocks, i.e. the "why, what, how, and when", of implementation

1 System demand and capacity model

- The system demand and capacity model captures the underpinning assumptions about activity flows for each year of the Success Regime; it brings together the different workstream models into a system-wide model
- It is reviewed by the Financial Oversight Group (FOG), System Executive Group and Programme Board

2 Financial model

- The financial model is based on the assumed activity flows, which are determined by the system demand and capacity model
- It is developed by the financial leads of the two portfolios (In Hospital, and Local Health and Care), with the help of input from all the key organisations, and is reviewed by the FOG. The model incorporates the core assumptions and constraints underpinning system viability (i.e. quality, cost and sustainability of care)
- The model is used for developing an aligned five-year plan to return the system to financial balance. NHS England and NHS Improvement have an overseeing role

3 Service modelling and operational planning:

- The service modelling and operational planning defines the key building blocks of service change, mobilisation and closure (commissioning and decommissioning), all of which are integral to the fulfilment of the Success Regime vision
- It is all in keeping with early commissioner and provider activity and financial assumptions, and is aligned with the early draft business plan

Building blocks for successful implementation

Service enablers

The following key service enablers are the factors that make the transformation feasible, viable and sustainable

Strategic workforce modelling

- Strategic workforce modelling ensures that new and emerging roles will fill vacancy gaps, and finds solutions to existing deadlocks where roles and team configurations have difficulties in recruiting as part of "business as usual"
- It also indicates the appropriate development and training to enable the existing workforce to implement the Future Model of Care effectively
- The modelling will involve collaboration with Health Education England to draw up alternative workforce solutions and enhance local education. It will also provide training and employment service providers with better access to local workforce talent

Technology and informatics

- Informatics brings technology and data together to inform decision-making. Its use can support significant improvements: citizens managing their own health; professionals helping patients and users to achieve improved outcomes; managers boosting efficiency and effectiveness, and so on
- The digitisation of services and other solutions contributes greatly to providing more local care more sustainably, and has a crucial part to play in service redesign and innovation

Estates

- Rethinking the use of physical assets across the STP health and care system is key for effective delivery of the Future Model of Care. The aim is to minimise net transport activity while maintaining the drive for quality outcomes
- The use of technology is a useful enabling tool for this endeavour – it can provide support to individuals either close to, or in their own homes, thereby saving them travelling longer distances and avoiding costly hospital admissions

Building blocks for successful implementation

Success factors

A number of success factors underlie the successful implementation of the Future Model of Care

Public engagement is crucial to the realisation of the STP vision. After all, the agents and ambassadors of change are not only the managers and staff in the locality but also the service users, and their families and friends. They need to be engaged from the start, so that they understand and trust the programme and help in implementing it

Workforce enablement is crucial for co-designing and implementing the programme in a way that benefits patients and staff alike. Training, mentoring and coaching of staff will enable them to provide more effective and sustainable services.

Visionary leadership is necessary for impelling changes of sufficient scale and potency to create a sustainable health economy. The leaders must also make sure to retain a system-wide overview, and devise manageable rather than over-ambitious projects of work.

Adoption of innovations will strengthen the effort to meet the growing needs of the population in the patch. Innovative solutions must be based on empirical evidence of successful outcomes

Assurance is key to completing the programme successfully. It involves a clear allocation of accountability, with appropriate levels of governance reporting and “deep diving” to monitor implementation during its various phases

Delivery: Risks and mitigations (I/II)

Risk	Description	Impact	Likelihood	RAG	Mitigation
Delivery	Limited experience with large-scale transformative change	4	4	R	SR infrastructure and support are put in place Partnerships with external organisations (e.g. UCLP for leadership training) are established
	Lack of redesign skills	4	3	AR	Training/collaboration/support is provided so that professionals and staff are better able to design care pathways and cope with clinical and organisational needs
	Drop in clinical quality and safety levels as attention shifts away from day-to-day operations	5	2	AR	SR/STP workplan put in place to address immediate performance issues Emphasis put on monitoring and reporting KPIs of quality and safety
Financial	Unfulfilled savings opportunities – savings identified may deliver less than anticipated	4	3	AR	Assumptions made in savings calculations are validated Specific risks behind each initiative are identified to create detailed mitigation plans
	Insufficient capital – significant change requires capital, but investment capital may not be available nationally, or access to funding may be unavailable	4	3	AR	Plan around funding schedule is created and strictly followed . Ongoing dialogue with the NHSE/I central teams about capital
Social care funding	High demand for social care, but constrained funding, risk of spill-over demand to healthcare	4	3	AR	Integrated working of health and social care, to improve efficiency
Resources	Insufficient resources (in terms of capacity and expertise) to deliver the programme objectives within the agreed timeframe	4	1	A	Programme Director and SROs regularly monitor and review programme timeline and resources to confirm that they are adequate for carrying out the workplan
Political	Lack of political support for Future Model of Care	5	1	A	Ongoing active engagement strategy with regular update of emerging solutions
Regulatory	Disagreement between regulatory bodies around key proposals	4	3	AR	Communication strategy with regulators (see governance section)
Public	Lack or loss of public confidence in and support for the Future Model of Care	4	3	AR	Public consultations to be held regularly Public feedback to be considered in improving programme implementation

Impact:	5	Major impact – Future Model of Care is not or only poorly implemented; state of MSE health system deteriorates	3	Moderate impact – Future Model of Care is not generated within agreed timeframe / does not generate desired benefits	1	Minor to no impact – Future Model of Care is fully implemented and generates desired benefits; state of MSE health system deteriorates
Likelihood:	5	Likely to happen	3	Might happen to some degree	1	Unlikely to happen

Delivery: Risks and mitigations (II/II)

Risk	Description	Impact	Likelihood	RAG	Mitigation
Press	Negative press damages to the health industry in MSE	4	3	AR	Robust communications plan is developed prior to commencement of programme implementation Continuous communication is established to ensure widespread support for the programme
Joint decision making	Joint CCG decision making proposed, but complicated – risk it fails to fully develop	4	3	AR	Ongoing engagement with CCG boards to ensure buy-in
	Lack of alignment between Local Health and Care plans and In Hospital plans	3	3	A	Cross-representation of workstream teams is established (i.e. representatives of IH staff in LHC and vice versa) to ensure close integration during implementation phase
Workforce	Difficulties in recruiting appropriately skilled staff	3	3	A	Pro-active work around recruiting is ensured and training programmes for staff are made available
	Difficulties in retaining staff during reorganisation, within localities and acute sites	5	2	AR	Benefits case for end goal is clearly articulated, with comprehensive communication and engagement plan
	Lack of staff support for the Future Model of Care; reluctance to change	5	3	R	Close working relationship is nurtured with all local stakeholders (including key public representatives) throughout, to ensure a "no surprises" approach and avoid time-consuming or obstructive reactions from different stakeholder groups; Continued involvement and support of staff is ensured via a comprehensive engagement plan
	Lack of clinical support for the Future Model of Care	4	3	AR	Robust clinician engagement is continuously led by clinicians – not just those in management positions but also other influential clinicians from all relevant clinical services
	Lack of collaborative leadership behaviour that inhibits system-wide transformational change	4	3	AR	Working groups are created to boost collaboration and strengthen links between different providers; Close working relationship between primary, secondary, community providers and CCGs from the outset, and where appropriate, they are invited to give formal approval of the plans

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