



To: National Quality Board

For meeting on: 6 April 2016

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Report for:

Decision	Discussion	Information
	X	

TITLE: Success Regime Update








Purpose:

The purpose of this paper is to provide an update to the National Quality Board as to progress in each of the three Success Regime areas and to highlight emerging thinking as to the areas in which support relating to clinical matters may be required.

Recommendations / Action(s) requested:

The NQB is asked to note and discuss progress across the three Success Regime areas.

ALB Involvement in development and sign-off of paper:

						
	X		X			

Success Regime Update

Purpose

1. The purpose of this paper is to provide an update to the National Quality Board as to progress in each of the three Success Regime areas and to highlight emerging thinking as to the areas in which support relating to clinical matters may be required.

Summary

2. The Success Regime was launched in June 2015 with diagnostic work beginning in earnest from September 2015 the three selected areas. Between June and September 2015, local governance arrangements were established, key appointments made and local leaders engaged.
3. From September to January the diagnostic phase of work was completed and key workstreams initiated. The purpose of this work was to provide an independent assessment and establish a consensus between local leaders as to the major challenges the health economies faced and their underlying causes. This built on previous work undertaken.
4. Work is now continuing to develop and appraise the clinical models that will form part of the solutions across each of the three areas.
5. From March, conversations with the public regarding emerging findings and future service models are increasing as part of pre-consultation engagement. Significant work has been undertaken to engage MPs and ministers.
6. Public consultation is planned from June 2016 in WNE Cumbria, July 2016 NEW Devon, and from late September 2016 in Essex.

Progress in the 3 Areas

NEW Devon

7. [NEW Devon's 'Case for Change'](#) has been finalised and was published on 10 February 2016. It describes why service and system change is needed and looks at where they are now, where they want to be and how they will get there.
8. From January to March this year planning has taken place on how to deliver 'early win' improvements in 2016/17. These improvements focus on:

- continuing healthcare
 - elective care
 - procurement
 - agency spend
 - reducing length of stay.
9. It is anticipated that implementation of these early-win improvements will begin from April 2016.

Next steps

10. From March to June 2016 there will be a detailed appraisal of the long list of potential opportunities for more complex service improvement that were identified in the diagnostic phase. This exercise will result in a short list of options for service change which will be publicly consulted on from July 2016.

Essex

11. Implementation planning is now complete with all the key workstreams identified and owned by the system. [The implementation plan](#) was launched locally on 1 March 2016. An Independent Chair, Dr Anita Donley, and a Programme Director, Andy Vowles, have now been appointed. Claire Panniker (CEO at Basildon & Thurrock FT) and Caroline Russell (Accountable Officer at Mid Essex CCG) are acting as SROs for the acute and local health and care workstreams respectively.

Next steps

12. In April and May 2016 options for clinical service models will be refined with the local clinicians. It is anticipated that pre-consultation engagement on clinical service models will take place from May 2016 with public consultation on clinical services starting from late September 2016.
13. The three hospitals have agreed in principle to form a group model, and plan to discuss possible governance models at their May 2016 Boards. The aim is to establish a 'committee in common' across the acute trusts by the end of May 2016 as a first step.
14. The five CCGs in mid and south Essex will be collaborating more closely to commission services across the whole locality. They aim to have a 'committee in common' in place by the end of June 2016 in order to facilitate this.

WNE Cumbria

15. WNE Cumbria published [a public progress report](#) and the [output of their diagnostic work](#) at the beginning of March. The progress presents the emerging vision for the local health and care economy, and includes potential options for key services including:
- The development of integrated care communities and options for the future of community hospitals
 - Options around the future of emergency, paediatric and maternity services at West Cumberland hospital
 - The possibility of doing more elective surgery at West Cumberland hospital
16. Having identified the potential service models, financial modelling is underway in order to assess their sustainability ahead of consultation.

Next steps

17. There is a timetable to agree a clinical strategy that will form the basis of a public consultation by the beginning of April 2016. Pre-consultation engagement is due to start shortly and it is anticipated that public consultation on the clinical strategy will start from June 2016.

Clinical Support

18. A subset of NQB members met in December 2015 to discuss work underway in the three areas and the support that national bodies may be able to provide. The group has not met since, but a further meeting is planned now that the solution development phase is underway and the clinical themes around which support may be required are emerging. These include:
- Clinical experts in key service areas (e.g. maternity, paediatrics, urgent & emergency care, stroke) to test viability of potential service models.
 - Helicopter medicine in rural areas.
 - Clinical staffing, e.g. 'IMAS for medics'

Recommendations

19. The NQB is asked to note and discuss progress across the 3 Success Regime areas.