

Models for preventing and addressing failure

1. The success regime

2. Special measures
3. The failure regime

This series of briefings has been designed to help members understand the different models used by NHS England and national health regulators to prevent and/or address failure, both at individual organisation level and that of an entire health and care economy. The regimes are triggered by different circumstances, with different statutory powers and overseen by different regulators.



Background

The [NHS five year forward view](#) sets out a vision for how health and care systems in England need to change to meet the significant challenges the NHS is facing at this time. In some areas progress has already been made and fifty sites have been selected to be part of a national programme – ‘the vanguard’ – to test five of the new models of care set out in the five year forward view (see the [BMA briefing](#)).

However, there are a number of challenged local health and care economies where the conditions necessary for change still do not exist. NHS England have identified three such economies as having deep-rooted, long-standing problems that are spread across the whole system. They have said that transformation is required in these areas and will only be achieved if national and local leaders follow a new approach. The approach suggested is the success regime. The [success regime](#) was originally referenced in the five year forward view and officially launched by NHS England in June 2015.¹

The three local health and care economies selected to enter the success regime are North Cumbria, Essex and NEW (Northern, Eastern and Western) Devon.

The success regime

The most important feature of the success regime compared to other intervention processes, such as trust special administration or special measures, is that it will address systemic issues across whole health and care economies, with providers, commissioners and local authorities, rather than focusing on a single organisation. All changes must be aligned and should contribute to the improvement and sustainability of the whole system. Alternative intervention processes already existing within the region will continue and be aligned with the success regime as appropriate.

The aim of the success regime is to create the conditions for the successful transformation of the health and care economy as set out in NHS England’s [2015/16 planning guidance](#). This includes securing improvement in three main areas:

1. Short-term improvement against agreed quality, performance or financial metrics
2. Medium and longer-term transformation, including the application of new care models
3. Developing leadership capacity and capability across the system

The regime will be jointly overseen by NHS England, Monitor and the NHS TDA (Trust Development Authority)*, working closely with the CQC (Care Quality Commission).

Although the regime has a consistent nationally-defined approach it is not statutorily defined and so can be tailored to suit local circumstances. The day-to-day oversight of the regime will also sit at regional level. The national framework will include:

- Collective governance arrangements for joint oversight of the regime locally, led by regional directors from NHS England, Monitor and the NHS TDA.
- A senior leader appointed as programme director, who will manage the regime locally on collective behalf of the three regional directors.
- A single, holistic diagnosis of the performance, strategy and leadership issues facing the health and care economy. This will build on existing work where it has been previously undertaken and will lead to a specific transformation plan.
- A set of interventions and support mechanisms, developed to secure the delivery of the transformation plan.
- A particular focus on supporting transformation and developing collaborative system leadership.
- A direct link to the new care models work of the five year forward view, including consideration of whether the application of the new care models form part of the solution.
- The three governance bodies considering alternative approaches to the way they oversee individual organisations.
- A clear and agreed timeline for each phase of work.

* Monitor and the NHS TDA are merging in April 2016 and will become NHS Improvement.

More successful local organisations are unlikely to see the same level of intervention as less successful organisations in the region.

NHS England have stated that the engagement of patients, staff and stakeholders in each local health and care economy will be vital and have suggested NHS Providers, the NHS Confederation and NHS Clinical Commissioners lead a design workshop with providers and commissioners to ensure that their ideas shape the design of the transformation. There is no further information at present about how these would work or when they would take place.

The regime will normally involve local representation from the Local Government Association, the CQC, Health Education England, Public Health England and NICE.

Update on sites in the regime

The first sites selected to enter the regime are North Cumbria, Essex and NEW Devon.² These were chosen by the regional directors from the three national bodies. NHS England have said that further localities may enter the regime in the future but we do not expect any more to be announced in the 2015/16 financial year.

All three were identified as a [challenged health economy](#) in December 2014 and received support with their strategic planning from the national bodies.⁺ The work completed for this will be built on when the diagnosis stage of the success regime begins.

North Cumbria

The reasons given for why North Cumbria was selected include:

- Quality and governance issues with local providers;
- The need for a single strategic plan for the local health and care economy shared by all local stakeholders;
- An unsustainable financial situation across the whole economy;
- Significant issues regarding workforce, recruitment and retention.³

The delay of the proposed transaction between North Cumbria University Hospitals NHS Trust and Northumbria Healthcare Foundation Trust as a result of North Cumbria entering special measures has put further pressure on the region.⁴

Sir Neil McKay was appointed as Chair of the North Cumbria success regime and the first stakeholder meeting was held in September. The organisations that will be working together in the regime are:

- North Cumbria University Hospitals NHS Trust;
- Cumbria Partnership NHS Foundation Trust;
- NHS Cumbria Clinical Commissioning Group;
- Cumbria County Council.

Essex

The reasons given for why Essex was selected include:

- Operational and quality challenges which present risks to clinical sustainability;
- Financial sustainability challenges across the whole economy;
- Workforce challenges across primary and secondary care;
- Recognition that additional levers and regulatory mechanisms may be required to introduce new ways of working.⁵

In November, Sir David Fish, managing director of UCL Partners, was appointed to chair a “system leaders oversight group”. The group must produce a detailed implementation plan by mid-February 2016. Boston Consulting Group have been appointed to provide external support until mid-February.⁶

In December 2015, NHS England confirmed that the Essex success regime would only focus on central and southern areas, not the whole county as first indicated. This includes five of the seven CCGs and three of the five acute trusts in the county, working closely with three local authorities.⁷ The health organisations include:

+ Only Mid Essex was selected as a challenged health economy whereas the Success Regime covers the whole of Essex.

- Basildon and Thurrock University Hospitals NHS Foundation Trust;
- Southend University Hospital NHS Foundation Trust;
- Mid Essex Hospitals Services Trust;
- Basildon and Brentwood CCG;
- Castle Point and Rochford CCG;
- Mid Essex CCG;
- Southend CCG;
- Thurrock CCG.

Dr Anita Donley has been appointed the independent chair of the regime. She is an acute care consultant at Plymouth Hospitals Trust with an interest in older people and also chairs the Royal College of Physicians' Future Hospitals programme. She takes over from Sir David Fish in April 2016.⁸

NEW (Northern, Eastern and Western) Devon

The reasons given for why NEW Devon was selected include:

- Increasing health community deficit forecasts;
- A lack of working together to develop a system wide service and financial strategy.⁹

In September, Judith Dean, a former nurse who more recently has worked in transformation at Wiltshire CCG, was appointed as programme director. Carnall Farrar, a healthcare and public services management consultancy, were selected to provide consultancy support following a competitive tender. Dame Ruth Carnall, former chief executive of NHS London (and co-founder of Carnall Farrar), will take on the role of chair.¹⁰

In February 2016, Devon success regime published the [Case for Change](#), which outlines the financial and quality challenges to delivering care locally.⁹ The next step will be a consultation with people in the area to help design services fit for the future.

Programme Board members include:

- Northern, Eastern and Western Devon CCG (NEW Devon CCG);
- Northern Devon Healthcare NHS Trust;
- Plymouth Hospitals NHS Trust;
- Royal Devon and Exeter NHS Foundation Trust;
- Devon Partnership NHS Trust;
- Virgin Care;
- Liveness South West (formerly Plymouth Community Healthcare);
- Devon Doctors;
- Devon County Council;
- Plymouth City Council;
- South Western Ambulance Service NHS Foundation Trust;
- Healthwatch (Devon and Plymouth, also representing Torbay and Cornwall);
- Monitor;
- NHS England;
- NHS TDA;
- Public Health England.

What are the implications for doctors?

At present, the scale of change that we will see within the areas selected to enter the success regime is unknown. It will almost certainly vary within the three regions depending on the specific arrangements that are put in place and the initial reasons why the area was selected.

The implications for doctors will likely range from having to adopt new ways of working with other providers/organisations, to a shift in where you see and treat your patients, to a change in which organisation employs you. It is likely that there will be some management or leadership change. As it emerges, experience from the five year forward view new models of care and the [healthier together](#) initiative in Manchester may provide further information about what to expect.

As the success regime is at such an early stage it is not yet clear how doctors can get involved locally. We would expect any significant changes to involve a consultation phase for all who may be affected. If you would like to speak to a BMA regional services co-ordinator to find out more about what's happening in your area then please get in contact using the following contact details:

[Contact the BMA in North Cumbria](#)

[Contact the BMA in Essex](#)

[Contact the BMA in NEW Devon](#)

What is the BMA's policy on this?

We do not have detailed policy on the success regime. However, our principles for service reconfiguration are relevant here and include that there should be a thorough impact assessment of any proposals, including an examination of safety issues. The process should involve consultation with all sectors and patient groups. It should be led by clinicians and based on good clinical evidence that care will be improved or at least not compromised.

We also have policy that all reconfigurations must be fully risk assessed, taking into account indirect effects on other services and their viability. This supports the success regime's system wide approach to regulation compared to the previous single organisation focussed approaches.

Further reading/references

- 1 NHS England (2015). *Five Year Forward View. The Success Regime: A whole systems intervention.*
- 2 NHS England (2015). *Five Year Forward View. The Success Regime: A whole systems intervention. The First Health and Care Economies (Annex).*
- 3 NHS England (2015), *op. cit.*
- 4 NHS TDA, Northumbria Healthcare NHS Foundation Trust, North Cumbria University Hospitals NHS Trust (2013). *Delay in acquisition.*
- 5 NHS England (2015), *op. cit.*
- 6 Health Services Journal (November 2015). *David Fish to head up Essex Success Regime.*
- 7 NHS England (2015), *op. cit.*
- 8 Health Services Journal (February 2016). Essex success regime chair appointed
- 9 Monitor, NHS TDA, NHS England (2015). *Success Regime in Northern, Eastern and Western Devon. Stakeholder briefing.*
- 10 Success Regime Northern, Eastern and Western Devon (2016). *Case for Change.*

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