The Success Regime: A whole systems intervention
Information from the Trust Development Authority, Monitor and NHS England.

Q&A

What is the Success Regime?

Q – What is the purpose of this regime?
A – The purpose of the Success Regime 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. To achieve this, NHS England, Monitor and the NHS TDA are working on a joined-up approach to providing challenge and support to enable both short term improvements in performance and longer term strategic transformation.

Q – What is different about this regime compared to other interventions?
A – Unlike previous interventions, this will look at the whole health and care economy – as well as providers (such as hospital trusts) and commissioners (CCGs), other local stakeholders may be involved, for example, the local authority. It will be jointly owned and overseen by all three national bodies, whereas existing interventions tend to be delivered by individual organisations and concentrate on one part of a health economy, e.g. the commissioning assurance framework led by NHS England concentrating solely on commissioners, or special measures led by NHS TDA or Monitor which focuses on providers. We will aim to address systemic issues, providing support all the way through to implementation, with a focus on supporting and developing local leadership through the process.

Q – How will the regime relate to various other initiatives and interventions already in train (e.g. Better Care Fund, special measures)?
A – One of the first things that will be done is to look at work that has already taken place or is ongoing. The success regime will seek to build on this work, bringing together and co-ordinating existing interventions to make sure that they help to address issues in the region, not just in one organisation. Consideration will also be given to whether the new care models in the Forward View might form part of the solution in these challenged health economies.

Q – How have the first local health economies be selected?
A – The regime is designed to make improvements happen in some of the most challenged health and care economies. The first sites to enter the regime are facing some of the most significant challenges in England. They have been selected based on data – such as quality metrics and financial performance – as well as qualitative information.

Q – How many health economies will be selected for the regime?
A – There will initially be 3 health and care economies entering the Success Regime, but further localities may follow in the future.

Q – What will the regime involve for selected health economies?
A – Whist there will be a common process in each case, the precise nature of the work will vary depending on the needs of each health economy. The aim of the regime is to provide increased support and direction to the most challenged systems in order to secure improvement in three main areas:

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

More specifically, the regime might involve:

- A senior and experienced leader taking on the role of Programme Director to oversee action;
- A single, holistic diagnosis of the performance and strategic issues facing the health and care economy to inform a tailored set of interventions and support for each locality;
- A clear and agreed timeline for each phase of work;
- Collective governance arrangements for oversight of the regime locally, led by regional directors from the three national bodies.

Q – What are the benefits of the regime for a health economy?

A – The areas that are selected will be those facing some of the greatest challenges and whilst the process of addressing these will not be easy, the aim is to improve care and/or sustainability of services for patients. Selected health economies will benefit from joined-up support and resource from the national bodies.

The national bodies will bring considerable support, as well as a degree of challenge and direction, to local areas to ensure that improvements are made.

Q – What sort of support might be delivered in local health economies?

A – A diagnostic exercise will be carried out with each health economy to understand the specific issues in the locality. This will inform the package of challenge and support that the health economy receives. Some examples of the support that might be considered are:

- Intensive support to address immediate quality issues, such as working with the Emergency Care Intensive Support Team.
- Support with strategic analysis, for example on finance or performance, and the development of plans to improve clinical and financial sustainability in the long-term.
- An assessment of the clinical sustainability of services and support in any redesign needed to ensure high quality, sustainable services for patients for the future.
- Developing local leadership capability and capacity.

Q – For how long will health economies be in the regime? How do health economies exit the regime?

A – There will be no fixed timescale for the regime, but each area will progress to a clear and agreed timeline for each phase of work. As local health and care economies demonstrate the capacity and capability to successfully deliver their plans for the future, the levels of support, challenge and
oversight may reduce, culminating in a decision that the health and care economy should exit the regime.

**Principles: what’s different this time?**

**Q** – TSA, vanguards, special measures, challenged local health economies. What is different about this?

**A** – For the first time, we are bringing together local and national bodies to tackle issues that cannot be addressed by working with just one part of the system. Importantly, we will help organisations work together to tackle the full range of systemic problems that they face as a local health and care system. This process will also seek to strengthen the local leadership to work collaboratively and create the conditions for services to develop and improve.

We will also specifically consider whether any of the new care models set out in the Five Year Forward View would benefit the most challenged systems. Of course, where relevant work has already been undertaken, this work will not be lost – it will be built on through the Success Regime.

**Q** – The work last year on Challenged Local Health Economies didn’t focus just on one organisation – how is this possibly different?

**A** – The Challenged Local Health Economies was focussed on developing five-year strategies across local health economies. The Success Regime will look at short-, medium- and long-term solutions to the challenges that organisations within an area face, as well as how they can work together and alongside other local partners, such as local authorities, to make positive changes for local patients. Importantly, it will continue through to implementation.

**Q** – Does this replace these other types of intervention? For example, would an organisation automatically exit special measures to become part of the Success Regime?

**A** – The Success Regime does not replace other interventions, but it will consider and build on existing work. It will be another way to support organisations across the local health and care economy, focusing on systemic issues regarding quality, finance and/or sustainability that require a joined-up approach to address them.

Other types of support and intervention still have significant value and in areas outside the Success Regime, the existing measures will continue to be used where necessary.

**What does this mean for local areas?**

**Q** – Why these three areas? Are these the worst places to get care and treatment in the country?

**A** – The Success Regime will look at a range of issues, including finance, performance and sustainability – the involvement of any area does not necessarily mean that they are providing poor care to patients. The first three sites are facing some of the most significant challenges and have been selected by looking at a range of information and data – for example, quality metrics and financial performance – as well as qualitative information. The focus will be on improvement, so
where issues with the quality of care do exist, areas will be getting support to make positive changes.

Three health and care economies will enter the regime from today and further localities may enter the regime in the future.

**Q – What does this mean for patients?**

A – To start with, we will be focussing on exploring the issues. Ultimately, the aim of this regime is to ensure that patients and the public receive high quality services that are sustainable in the long-term. The focus will be on improvement, so areas will be getting support to make positive changes.

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.

**Q – Will this involve leadership change?**

A – We aren’t going to make any predictions about what, if any, changes may need to be made. We want to work with leaders in these health and care economies, building capacity and capability to ensure that patients can continue to receive high quality, sustainable care once the Regime has ended.

**Next steps – moving forward**

**Q – What does success look like?**

A – The criteria for success in each area will be agreed as part of the work that will be undertaken. But overall, the planning guidance for 2015/16 set out conditions for success in a local health and care economy, including: stable, ambitious collective leadership; collaborative working across partners; strong patient, community and clinical engagement; strong or improving operational and financial performance, and a strong out of hospital system. These will inform the plans for each area as well as the criteria for their success.

**Q – How much will this cost?**

A – The precise costs will depend on the work that is required in each location.

**Q – Have you appointed the Programme Directors yet? How much will they be paid?**

A – Programme Directors will be appointed in the near future. Their role will be funded by the national bodies and not by organisations that have been placed into the regime.

**Q – Isn’t this just another plan for a plan?**

A – No. 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 that are necessary to improve services for patients and the public.
Q – We have had consultants in many times and they have never found a solution. How is this different?

A – The regime is designed, for the first time, to look at improvements across health and care economies, with a focus on how organisations can work together. Work which may have already been done will of course be considered, but in some cases, it may not have led to the necessary improvements across the whole area. This is why the regime is needed: to address deep-rooted issues across the system in these challenged areas.

Q – How are you going to make this transparent for patients and the public?

A – If we are to improve services for patients and the public, then working with patients and the public throughout will be key. 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.

Q – Will you involve the public and patients?

A – If we are to improve services for patients and the public, then working with patients and the public throughout will be key. 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.