EXECUTIVE SUMMARY

The role of Strategic Clinical Networks (SCNs) in Yorkshire and the Humber is to support health systems to improve health outcomes of their local communities by connecting commissioners, providers, professionals, patients and the public across a pathway of care to share best practice and innovation, measure and benchmark quality and outcomes, and drive improvement.

SCNs have now entered their third year of existence. During this period, some networks have been newly established and others have completed their evolution from their clinical network antecedents.

Since their inception, SCNs have built up comprehensive links and structures, engaged in extensive work throughout Yorkshire and the Humber, and established a track record of support for commissioners and clinicians.

SCNs are under further national review, not expected to conclude until the end of this year. The SCN Support team is fully engaged with the review process and seeking to ensure that Strategic Clinical Networking in Yorkshire and the Humber continues to develop.

Budgets have now been allocated for 2015/16. Careful consideration has been given to use of resources within each Strategic Clinical Network and partnership funding approaches are being explored to support further work.

SCNs have developed comprehensive plans based on a synthesis of local and national priorities. These plans describe the major component parts of SCN work, supplemented by the maintenance of the infrastructure that enables the functioning of Strategic Clinical Networks.

Throughout 2015/16 SCNs will remain flexible to manage any changes to stakeholder priorities that arise ‘in year’ and to accommodate specific reorganisation requirements from the review. SCNs are already addressing key review themes, such as greater harmonisation and joint working with the AHSN.
VALUES AND PRINCIPLES

Health care is complex and requires many different individuals and organisations to cooperate to achieve optimal outcomes for patients. The SCN role is to provide the glue that holds the system together, focusing on the areas of work identified collectively as most in need of development and improvement. SCNs have brought together the voices of commissioners, patients and clinicians to collectively prioritise development targets.

The role of SCNs in Yorkshire and the Humber is to bring together the component parts of the health and social care system, including third sector organisations and patient groups, and through concerted action facilitated and mediated by the SCN support team, enhance the ability of the system to deliver optimal patient outcomes and efficiently delivered services.

SCN PRINCIPLES

The key guiding principles for the work of the SCNs will be:

1. To acknowledge, value and build on the history of successful clinical networking across Yorkshire and the Humber, maintaining engagement with stakeholders to avoid duplications and loss of intelligence.

2. To embrace new clinical communities and consistencies, supporting their growth and development.

3. To ensure active engagement of SCN constituent organisations, and a coordinated approach to stakeholder engagement in, and communication about, the improvement agenda for the prescribed SCN conditions.

SCN VALUES

The overarching values guiding SCN activities are that they:

- Bring patients, carers, professionals and organisations together, working across boundaries, to deliver programmes of continuous quality improvement.

and

- Contribute to the achievement of outcome ambitions for patients, and benefiting population health, where there is a need for whole system or collective improvement endeavour.

These capture the essence of working with and within Strategic Clinical Networks: facilitating cooperative action for the benefit of patients.
Introduction

Strategic Clinical Networks (SCNs) were developed as part of the establishment of NHS England and have just entered their third year of existence.

During the previous two years of operation, previously established networks have completed the transition from their antecedent ‘clinical networks’ and have established a role and function based on the requirement for strategic focus, and the changes to funding and remit. In other areas, entirely new networks have been established.

SCNs now operate effectively in all ten clinical areas mandated in ‘The Way Forward’ the blueprint for SCNs, and offer support to health economies throughout Yorkshire and the Humber.

Through various fora, commissioning and clinical groups, and interaction with individuals and organisations through the region, SCNs are integrated with care provision and commissioning structures. SCNs are building up a track record of support for commissioners and clinicians which will be reflected in the forthcoming annual report.

SCNs have been significantly affected by the NHS England reorganisation process, and have seen substantial reductions to overall funding. SCN posts are funded from both the NHS England administrative budget and it’s programme budget; the former has seen a repeat of the 15% reduction applied in the second year of operation and the later has been reduced by 24% in 2015/16. A financial summary is included below.

SCNs are also under further review through both the NHS England Organisational Alignment and Capability Programme (OACP) and the Improvement and Leadership Development Capability Review (ILDCR). The outcomes from both processes are not expected to be fully implemented until the end of this year.

The reviews have had an impact on the working of SCNs through the uncertainty created and through the freezes on recruitment required under both processes. However, the Yorkshire and the Humber SCN support team has retained a greater proportion of staff than many other areas of the country. Work continues to ensure effective functioning and to support staff whilst outcomes from the review are implemented.

Work plans have been kept under constant review and continually updated where possible.

Business Planning Parameters

NHS England (North) has established parameters for Strategic Clinical Network business planning including:

- Measurable objectives for each network;
- Relevance to local partners and addressing national priorities;
- Alignment between the Strategic Clinical Networks and Academic Health Science Networks (AHSNs).

Networks will continue in the mandated areas: cancer, cardiovascular disease, children’s and maternity services, and mental health, dementia and neurological conditions. Each Network business plan should reflect both national priorities as set out by the Clinical Policy Teams and National Clinical Directors, and local circumstances. Strategic Clinical Networks may identify needs for other clinical areas to meet local priorities, although straitened resources will require careful consideration of any expansion of networks into new clinical areas.

Assurance of delivery will be monitored via the Regional Medical Director on a quarterly basis, using the agreed objectives and in-year milestones. The Regional Medical Teams will provide a quarterly report to the National Medical Directorate Strategic Clinical Network and AHSN governance group.
WORK PLAN DEVELOPMENT

Work plans for 2015/16 have been developed based on a synthesis of local and national priorities, drawn specifically from:

- Discussions with local clinical and commissioning leads via the various fora and meetings hosted by the SCNs;
- Ongoing contact with the three CCG Collaborative structures in Yorkshire and the Humber and involvement in their joint development projects;
- NHS England priorities as stated in the NHS England business plan and the centrally authored list of development areas for Clinical Policy Teams, and as expressed via NHS England (North) management structures;
- Communication and regular liaison with National Clinical Directors covering the ten SCN areas.

The plans outline the major component parts of activity within each of the ten SCN areas, including objectives and timescales, and will form the backbone of SCN activity throughout the year. This approach has been developed to:

- Support capacity and demand planning within the SCN team if and when additional requests for SCN support emerge during the course of the year, as has happened in previous years;
- Provide a degree of flexibility to review ongoing work and, if necessary, postpone or substitute specific projects as needs arise;
- Provide clear focus for SCN work and enable further prioritisation and / or reorganisation in light of possible outcomes from both OACP and ILDCR.

The plans set the core of SCN work, although significant time is also devoted to maintaining the infrastructure that enables the functioning of Strategic Clinical Networks. Further work is to be undertaken to capture and describe the functioning and benefits of the clinical and / or commissioning fora that operate under the SCN ambit.

SCNs are addressing key themes from the review, such as greater harmonisation and joint working with the AHSN. A joint work plan will be produced showing both the individual areas of work for the SCNs and the AHSN, as well as projects where complementary or joint work is underway or planned.

Further joint working is being explored building on and developing the existing good links with the AHSN. Strategic meetings are being established between management teams and the SCN Managers and their teams are establishing links around existing and planned work streams with AHSN Programme Lead to ensure effective collaboration and resource optimisation. There are active plans in place for this to continue and be developed further during 2015/16.
SCN PRIORITIES

SCN priorities for 2015/16 are summarised below.

Recognising the role of SCNs to work on many different aspects of care systems and processes, work plans are divided into the following areas:

- Improvement programmes focused on the patient pathway; enhancing multi-organisation and system-wide capabilities to deliver improved outcomes
- Improving quality of care; addressing specific clinical quality deficits;
- Supporting and enabling the system to be clinically led, patient focused and evidence based working to ensure that system architecture and procedures are optimally configured, informed and operated.

SNAPSHOT OF PRIORITIES FOR 2015 - 2016

Improvement programmes focused on the patient pathway

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Cardiovascular</th>
<th>Children’s &amp; Maternity</th>
<th>MHDN</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Value Pathways</td>
<td>Cardiac: Web-based Electronic Referral System for Cardiology</td>
<td>Children’s: Review of Children’s Clinical Service Configurations across Yorkshire and the Humber (Y&amp;H)</td>
<td>Neurology: Improve access to timely assessment, diagnosis &amp; treatments for headache management</td>
</tr>
<tr>
<td>Page 13</td>
<td></td>
<td>Page 51</td>
<td>Page 65</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiac: SCN Collaborative Partnership Work</td>
<td>Children’s: Children &amp; young people’s mental health &amp; wellbeing across Y&amp;H</td>
<td>Neurology: Epilepsy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Page 66</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiac: Primary PCI Referrals Audit</td>
<td>Children’s: Review of Children’s Surgery &amp; Anaesthesia services across Y&amp;H</td>
<td>Neurology: Improve access to neuro-rehabilitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Page 77</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiac: Identification and management of patients with FH</td>
<td>Children’s: Transition of C&amp;YP to Adult Services: Young People Friendly Care</td>
<td>Dementia: Improving access to specialist diagnosis and follow up</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Page 78</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes: Diabetes Prevention Programme</td>
<td>Maternity: Maternity Services Configuration</td>
<td>Mental Health: Improving access to Mental Health Crisis Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Page 77</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yorkshire and the Humber HASU Resilience Review</td>
<td>Maternity: Perinatal Mental Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Page 60</td>
</tr>
</tbody>
</table>
### SNAPSHOT OF PRIORITIES FOR 2015 - 2016

#### Improving quality of care

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Cardiovascular</th>
<th>Children’s &amp; Maternity</th>
<th>MHDN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living With and Beyond Cancer Initiative</td>
<td>Renal: Acute Kidney Injury (AKI)</td>
<td>Children’s: Long Term Conditions: Asthma</td>
<td>Neurology: Improve the outcomes for people with Neurological Conditions</td>
</tr>
<tr>
<td>Page 16</td>
<td>Page 29</td>
<td>Page 54</td>
<td>Page 68</td>
</tr>
<tr>
<td>Reducing the “survival deficit” for older people</td>
<td>Cardiac Assurance of Cardiology Services</td>
<td>Maternity: Stillbirth</td>
<td>Dementia: Improving and Sustaining Dementia diagnosis rates – tools and information support</td>
</tr>
<tr>
<td>Page 17</td>
<td>Page 37</td>
<td>Page 58</td>
<td>Page 71</td>
</tr>
<tr>
<td>Reduce Cancers Diagnosed as Emergency Admissions</td>
<td>Missed Opportunities of Care for patients with cardiac disease</td>
<td>Maternity: Term Baby Admissions to and Transition from Neonatal Units</td>
<td>Dementia: Post Diagnostic Support</td>
</tr>
<tr>
<td>Page 18</td>
<td>Page 38</td>
<td>Page 59</td>
<td>Page 74</td>
</tr>
<tr>
<td>Be Clear on Cancer Campaign</td>
<td>Diabetes: Improve quality of Diabetic Foot Care in Yorkshire and the Humber localities</td>
<td>Maternity: Maternal Morbidity and Critical Care</td>
<td>Dementia: Improving End of Life (EoL) care</td>
</tr>
<tr>
<td>Page 19</td>
<td>Page 39</td>
<td>Page 61</td>
<td>Page 75</td>
</tr>
<tr>
<td>Chemotherapy Outreach Review (South Yorkshire)</td>
<td>Diabetes 3: Diabetes Transition Insight Project – Bridging the Gap</td>
<td></td>
<td>Dementia: Care Homes</td>
</tr>
<tr>
<td>Page 20</td>
<td>Page 41</td>
<td></td>
<td>Page 78</td>
</tr>
<tr>
<td>Diabetes 4: Information Prescriptions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes 7: Innovation Programme with AHSN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes 8: Diabetic Care in Care Homes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVD: Atrial Fibrillation in Stroke Prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health: Implementing the Better Access to mental health 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health: Improving Access to Psychological Therapies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health: Integrating physical and Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 83</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health: Underpinning and Supporting MH Work in Public Health England and Offender Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 84</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SNAPSHOT OF PRIORITIES FOR 2015 - 2016

**Supporting and enabling the system to be clinically led, patient focused and evidence based**

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Cardiovascular</th>
<th>Children’s &amp; Maternity</th>
<th>MHDN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating a guiding coalition to support the delivery of the cancer strategy across Y&amp;H</td>
<td>Renal: Networking</td>
<td>Children’s: SCN Organisational Development</td>
<td>Neurology: Supporting other agencies / SCNs with neurology related work programmes</td>
</tr>
<tr>
<td>Page 21</td>
<td>Page 30</td>
<td>Page 55</td>
<td>Page 69</td>
</tr>
<tr>
<td>Supporting Collaborative (pan CCG) Commissioning</td>
<td>Renal: Dialysis Commissioning</td>
<td>Maternity: Yorkshire and the Humber Maternity Dashboard</td>
<td>Neurology: Underpinning support for the Neurology SCN work programme</td>
</tr>
<tr>
<td>Page 22</td>
<td>Page 31</td>
<td>Page 62</td>
<td>Page 70</td>
</tr>
<tr>
<td>Patient involvement and engagement strategy</td>
<td>Renal: Variation</td>
<td>Maternity: SCN Organisational Development</td>
<td>Dementia: Primary Care Engagement</td>
</tr>
<tr>
<td>Page 23</td>
<td>Page 32</td>
<td>Page 63</td>
<td>Page 72</td>
</tr>
<tr>
<td>GP Leadership and primary Care Engagement</td>
<td>Diabetes 2: Structure Patient Education</td>
<td></td>
<td>Dementia: Care Planning</td>
</tr>
<tr>
<td>Page 24</td>
<td>Page 40</td>
<td></td>
<td>Page 76</td>
</tr>
<tr>
<td>Site Specific Clinical Engagement</td>
<td>Diabetes 6: Health Education Resources Repository for Health Care Professionals</td>
<td></td>
<td>Dementia: Communications</td>
</tr>
<tr>
<td>Page 25</td>
<td>Page 44</td>
<td></td>
<td>Page 77</td>
</tr>
<tr>
<td>Cancer Information and Intelligence Strategy</td>
<td>SQUINS Self-Assessment System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 26</td>
<td>Page 49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Authority Engagement Project</td>
<td>CVD Prevention Strategy 2015 - 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 27</td>
<td>Page 50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FINANCIAL POSITION

The SCNs and the Senate for Yorkshire and the Humber are funded from a combination of an administrative budget (also termed ‘running costs’ or ‘core costs’) and a programme budget, with the majority of funds within the programme budget.

SCN and Senate 2015/16 Funding

<table>
<thead>
<tr>
<th></th>
<th>2015/16 Pay</th>
<th>2015/16 Non Pay</th>
<th>2015/16 Total</th>
<th>2014/15 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin</td>
<td>556,693</td>
<td>74,868</td>
<td>631,561</td>
<td>761,051</td>
</tr>
<tr>
<td>Programme</td>
<td>2,084,679</td>
<td>337,721</td>
<td>2,422,400</td>
<td>3,230,000</td>
</tr>
<tr>
<td></td>
<td>2,641,372</td>
<td>412,589</td>
<td>3,053,962</td>
<td>3,991,051</td>
</tr>
</tbody>
</table>

The administrative budget has been cut by 15% in 2015/16 (as it was in 2014/15) and the programme budget has been cut by 24% in the current financial year. The biggest cost to the SCN and Senate are employed staff costs, and the original staffing structure was agreed as part of the establishment of NHS England. Staff are funded from both running cost and programme budget, with no material difference between the posts based on their funding source. Despite the reductions in funding, the budgets remain sufficient to fund the current establishment.

Clinical Lead expenditure is being reviewed and innovative ways to maintain clinical engagement are being sought.
RISKS TO DELIVERY AND MITIGATIONS

The main risks to delivery of SCN plans have arisen from the NHS England reorganisation and the improvement architecture review. Specific risks, consequences and mitigations are outlined below:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Consequences</th>
<th>Mitigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding reduction in admin. budget (15%) and programme budget (24%)</td>
<td>Fewer resources to fund additional developmental work outside of core work programmes. Reduction in capacity to develop work in new clinical areas.</td>
<td>Reconsideration of existing or potential commitments to fund development or improvement projects. Downscaling of plans for increased SCN support for End-of-Life Network. Postponement of plans to explore SCN support for work on urgent and emergency care and primary care development. Development of more business-focused approach to additional support requests requiring funding by partners.</td>
</tr>
<tr>
<td>Delays to notification of budgets for 2015/16</td>
<td>Inability to allocate resources and plan SCN activity.</td>
<td>Continued review of work plans and preparation of contingencies based on ‘best guess’ of future priorities. Conservative commitment of resources in light of (until recently) unknown budget reductions.</td>
</tr>
<tr>
<td>Uncertainty created by OACP and improvement architecture review</td>
<td>Inability to allocate resources and plan SCN activity.</td>
<td>Continued review of work plans and preparation of contingencies based on ‘best guess’ of future priorities. Use, where possible, of agency staff to bolster individual SCN teams. Ongoing dialogue with HR colleagues (national and local) to highlight recruitment issues and best manage recruitment constraints. Active programme of engagement and communication with SCN and Senate Team to ensure effective cascade of information Honest and open dialogue with staff to highlight areas of uncertainty and identify contingencies. Continued advocacy to national review bodies regarding impact on staff and need for prompt conclusion, publication of outcomes and effective implementation.</td>
</tr>
</tbody>
</table>
The Cancer SCN has developed from three previous networks in Yorkshire and the Humber. Considerable work has been undertaken to adapt to the new strategic context and to continue with essential aspects of cancer network functions.
**Project Title: High Value Pathways**

**Category:** Improvement programmes focused on the patient pathway

**Description**

The SCN have identified a number of High Value Pathway programmes informed by variation in access, treatment and survival. The aim is to provide a Yorkshire and the Humber wide commissioned standard pathways to improve quality and reduce variation across the footprint. The programmes are: i) Colorectal ii) Prostate iii) Cancer of Unknown Primary (CUP) / Acute Oncology.

**Priority Areas**

Five Year Forward View, Cancer Strategy Statement of Intent.

**Outcomes**

- Improved patient outcomes for patients with colorectal, prostate and cancer of unknown primary;
- Reduction in unwarranted variation in clinical practice and outcomes. Reduction in the time period from urgent GP referral to first treatment. Reduction in the time period from diagnosis to first treatment;
- Improved patient satisfaction. Improved access to the right pathway for patients with cancer of unknown primary. Increase early diagnosis. Affordable sustainable services. Supports CCGs to ensure they are commissioning the most clinically effective and cost effective treatment for patients with colorectal, prostate and Cancer of Unknown Primary; whilst improving the patient experience

**Role of the SCN**

The SCN will facilitate the project by providing intelligence, ensuring clinical expertise is utilised in service design; coordinate Yorkshire and the Humber commissioners group to support joint commissioning of the pathway. The SCN will produce: i) A defined, standardised and timed pathways for each stage of the patient pathway including diagnosis, staging, treatment, palliation, follow-up and survivorship, ii) Best-practice commissioning specification detailing the pathway of care and services, iii) Commissioning and Implementation Guidance

**Partners and Associate in this Work**


**Summary of Project Plan and KPI**

**Main activities and milestones**

**Q1**
- Baseline assessment and phased priority plan for the three programmes, beginning with Cancer of Unknown Primary;
- Scope the current status and intelligence about local / national performance (treatment / survival rates etc.);
- Establish links with Clinical Reference Group (CRG) and assess local providers use of clinical guidelines;
- Establish Yorkshire and the Humber Clinical Expert Group (CEG) membership.

**Q2**
- Hold inaugural CEG meeting for CUP;
- Identify project leads for programmes;
- Develop work streams (Awareness and Early Diagnosis, Cancer Care and Treatment, Risk Stratified Follow Up).

**Q3**
- Analyse Findings;
- Model implications for costs and implementation.

**Q4**
- Defined, standardised and timed pathways;
- Develop high value commissioning pathways (guidance / specification);
- Develop commissioning and implementation guidance.
**Project Title: Diagnostic Capacity and Demand Scoping Project (HNY)**

**Category:** Improvement programmes focused on the patient pathway

**Description**
To scope demand and capacity of diagnostic services; recommending further action needed to improve access to diagnostic services in Humber and North Yorkshire (joint project with and Commissioning Support).

**Priority Areas**

**Outcomes**
To make recommendations for future approach to commissioning and provision to achieve improved access to diagnostic services in HNY - to achieve earlier diagnosis and improved system performance.

**Role of the SCN**
The Humber and North Yorkshire Strategy Group has sponsored a capacity and demand scoping project of diagnostic services being carried out by the SCN and Commissioning Support. The Proposal:

- To monitor the progress of the West Yorkshire Health Futures Programme (WYHF), learn from it, share tools and best practice and understand the potential for sub regional and regional efficiencies;
- To use the ‘clinical networking’ pathway workshops to gain insight into diagnostic pathway bottlenecks and delays (e.g. 2ww, direct access, surveillance).

**Partners and Associate in this Work**
CCG’s, AHSN, Hospital Trusts, Commissioning Support.

**Summary of Project Plan and KPI**
Main activities and milestones

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Q1      | - Rapid assessment of current issues - based on a programme of engagement with providers;  
          - Current capacity – both physical and human, for the test and the reporting of tests;  
          - Understanding future demand / capacity issues;  
          - Understanding the extent of future proofing that is already underway. |
| Q2      | - Assess the impact on system sustainability of demand increase - based on high level data on referral rates;  
          - Monitor the progress of the WYHF work, learn from it, share tools and best practice and understand the potential for sub regional and regional efficiencies;  
          - Develop an evidence based approach in terms of pathways or productivity of service, using the ‘clinical networking’ pathway workshops to gain insight into diagnostic pathway bottlenecks and delays ;  
          - September 2015; HNY Strategy Group to assess opportunities for collaborative approach and options for future work including scope and project management arrangements. |
| Q3      | - Further work to be identified and agreed by CCGs;  
          - Review SCN contribution and agree any further action. |
| Q4      | |
Project Title: Healthy Futures West Yorkshire

Category: Improvement programmes focused on the patient pathway

Description

The cancer programme has been commissioned by the West Yorkshire 10CC to deliver the priorities as agreed within the West Yorkshire Chapter which has been included in each CCGs Strategic five year plan. West and South Yorkshire Commissioning Support are Programme Managing the collaborative initiative. The initial focus of the programme is on the early diagnosis of cancer through increased access to diagnostics and raising awareness amongst the public and professionals.

Priority Areas

Five Year Forward View, Cancer Strategy Statement of Intent.

Outcomes

- To deliver a world class, future proof, West Yorkshire and Harrogate wide diagnostic service for patients which achieves earlier diagnosis and treatment where the outcomes are beneficial for the individual;
- Provide a detailed understanding of the as-is service capacity, demand and performance for diagnostics across West Yorkshire and Harrogate;
- Identify and agree across 10CC and Harrogate and Rural District CCG the quality, clinical and technical standards that will enable the delivery of a world class service;
- Develop, and facilitate agreement of a West Yorkshire and Harrogate wide strategic specification for diagnostics;
- Develop a gap analysis between current service provision and that as described in the strategic specification.

Role of the SCN

The SCN contributes clinical leadership, programme management and informatics input to the Programme, from the initial scoping phase, stakeholder identification and engagement and the design and delivery of the programme.

Partners and Associate in this Work

10 CCG Collaborative programme, NHS England, AHSN.

Summary of Project Plan and KPI

Main activities and milestones

| Q1 | • Contribution and membership of Programme Leadership Team;  
|   | • Co-ordinate and align Healthy Futures Programme objectives with YH SCN cancer priorities;  
|   | • Contribute to ongoing scoping and programme delivery, ensuring SCN projects and reports are included and inform programme. |

| Q2 | • Ensure Programme outcomes are integrated into appropriate commissioning and collaborative mechanisms, including Strategy Groups;  
|   | • Contribute to review of future of Healthy Futures Programme. |

| Q3 | • Ongoing contribution to be confirmed. |

Q4
**Project Title: Living With and Beyond Cancer Initiative**

**Category:** Improving quality of care.

**Description**
Supporting commissioning of the Cancer Recovery pack; The model of care is based on four key areas: 1. Promoting recovery; 2. Sustaining recovery; 3. Managing the consequences of treatment 4. Supporting people with active and advanced disease

**Priority Areas**
- Cancer Strategy Statement of Intent (2015), The National Cancer Survivorship Initiative. DOH (2007);

**Outcomes**
- A comprehensive understanding of the survivorship initiatives and strategies across Yorkshire and the Humber;
- Development of local collaborative strategies to implement the recovery package where these do not exist and further development of existing strategies;
- Improved collaborative approaches to commissioning recovery package across Yorkshire and the Humber.

**Role of the SCN**
To understand, share and spread good practice and to influence CCG commissioning decisions for patients living with and beyond cancer based on the evidence. The SCN will:
- Assess current position on implementation of the Recovery Pack in Yorkshire and the Humber;
- Identifying areas of good practice and where development is needed;
- Bring commissioners together to consider evidence-based commissioning of the Recovery Pack;
- Identify areas where performance can be improved;
- Encourage the development of local initiatives.

**Partners and Associate in this Work**
CCG Collaborative programmes, NHS England, National Programme Leads for LWBC, Primary Care GP Leads, and Hospital Trusts.

**Summary of Project Plan and KPI**
Main activities and milestones

**Q1**
- Conclude scoping of commissioner approaches to implementation of the recovery pack (produce interim report).

**Q2**
- Produce a report based on the findings of the scoping exercise, to include recommendations how the SCN will support effective commissioning of the recovery pack (July 2015).

**Q3**
- To present findings to local commissioning groups to improve the adoption of systematic approaches and drive up good practice (September);
- Assess if any active support is needed from SCN make recommendations to commissioners.

**Q4**
- Implement phase 2 of the project based on outcome / decisions of local commissioners.
**Project Title: Reducing the “survival deficit” for older people**

Supporting and enabling the system to be clinically led, patient focused and evidence based.

**Description**
Supporting the health system to reduce the survival deficit for older people, informing longer term improvement strategies to positively affect overall survival rates.

**Priority Areas**
Five Year Forward View, Cancer Strategy Statement of Intent, Statement if Intent, National Cancer Intelligence Network – Older People and Cancer Report (December 2014).

**Outcomes**
The programme aims to review cancer service provision for older people in Yorkshire and the Humber with a view to supporting the health system to: i) improve equitable service for patients of all ages ii) improve patient understanding of cancer treatment options iii) Understand of local variation in incidence, prevalence and outcomes iv) Understand the long term positive influence on survival rates for older people and v) Understand the evidence base for potential redesign

**Role of the SCN**

**Phase 1** To identify the demographic footprint / age profiling / survival rates / treatment provision statistics relating to cancer care for Older People in Yorkshire and the Humber. The SCN will lead in the collation and analysis of local data to compare against national statistics and identify levels of variation across the region.

**Phase 2:** Use the outcomes of phase 1 to identify areas for improvement and / or service redesign. The SCN will establish stakeholder working groups, facilitate workshops to identify innovative solutions and new models of care where appropriate and provide clinical expertise advice.

**Partners and Associate in this Work**
Public Health, NHS England, National Cancer Registration Service (NCRS), National Cancer Intelligence Network (NCIC), Provider Trusts, Commissioner Collaborative Groups, Patient / Carers.

**Summary of Project Plan and KPI**

**Main activities and milestones**

**Q1**
- Continue work with Public Health, NCRS and NCIS to access cancer treatment statistical information for Yorkshire and Humber and at CCG collaborative group level.

**Q2**
- Provide a position statement for Yorkshire and the Humber, share data outputs from phase 1 with local, clinical commissioner and provider stakeholders to engage / gain expressions of interest for the remainder of the programme;
- Produce report demonstrating the findings, gaps and areas for improvement to influence future collaborative commissioning and service developments.

**Q3**
- Develop a detailed project plan (based on outputs), setting scope and boundary and establish steering group membership;
- Inaugural meeting, set scope and membership of working groups.

**Q4**
- Establish plan for 2016/17 (18 month programme);
- Develop final evaluation and exit plan.
**Project Title: Reduce Cancers Diagnosed as Emergency Admissions**

**Category:** Improving quality of care

**Description**
To improve episodic care, reducing numbers of new cancers diagnosed at emergency presentation. Further understand the reasons for emergency admissions identifying reasons for delay at personal, professional and system level and develop recommendations for commissioners and providers.

**Priority Areas**

**Outcomes**
- Increase numbers of cancer diagnosed through rapid and appropriate pathway;
- Reductions in numbers of cancers diagnosed as an emergency admission.

**Role of the SCN**
- To disseminate the findings of a Yorkshire and the Humber wide audit of emergency presentations and deaths within one year via a Significant Event Audit in general practice, including ‘Top Tips’ for GPs;
- To engage and learn from the National Accelerate, Co-ordinate and Evaluate (ACE) projects which seek innovative approaches to early diagnosis and to share this practice with stakeholders e.g. vague symptoms pathway, spread information and intelligence.

**Partners and Associate in this Work**

**Summary of Project Plan and KPI**

<table>
<thead>
<tr>
<th>Main activities and milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1</strong></td>
</tr>
<tr>
<td>- Identify specific cancer sites where further work is needed to understand the reasons for emergency presentation;</td>
</tr>
<tr>
<td>- Recommendations from SEA disseminated and impact monitored via Strategy Groups / Locality Groups / GP Leads Forum (ongoing).</td>
</tr>
<tr>
<td><strong>Q2</strong></td>
</tr>
<tr>
<td>- Research and identify any implications for specific groups of patients e.g. older people.</td>
</tr>
<tr>
<td><strong>Q3</strong></td>
</tr>
<tr>
<td>- Review implementation of SEA recommendations.</td>
</tr>
<tr>
<td><strong>Q4</strong></td>
</tr>
<tr>
<td>- Appropriate streamlined pathways developed;</td>
</tr>
<tr>
<td>- Increased consistency across tumour sites and Yorkshire and the Humber.</td>
</tr>
</tbody>
</table>
### Project Title: Be Clear on Cancer Campaign

**Category:** Improving quality of care

**Description**
- To support the effective implementation of the national Be Clear on Cancer Campaigns to raise awareness of cancer symptoms among the public and encourage prompt presentation to a GP;
- To collaborate with Public Health England and agree a communications plan for dissemination of campaign information with timetables to relevant stakeholders; which include identified roles and responsibilities for NHS and Local Authority organisations.

**Priority Areas**
Five Year Forward View, Cancer Strategy Statement of Intent, National Awareness and Early Diagnosis Initiative (NAEDI).

**Outcomes**
Information is disseminated to providers with as much advance notice as possible to allow forward planning.

**Role of the SCN**
- To take a lead role in cascading communications and information on national awareness raising campaigns and plans, including impact of campaigns, modelling tools to plan for impact and examples of good practice;
- To act as a conduit and provide feedback from stakeholders to the national BCOC team after each campaign;
- To strengthen the relationship with Public Health England to support the BCOC campaigns.

**Partners and Associate in this Work**

**Summary of Project Plan and KPI**
Main activities and milestones

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Issue joint SCN / Public Health England press release before each campaign, engaging GP Clinical Leads, as appropriate;</td>
<td>Analyse impact of BCOC campaign on provider trusts;</td>
<td>Issue joint SCN / Public Health England press release before each campaign, engaging GP Clinical Leads, as appropriate;</td>
<td>Analyse impact of BCOC on provider trusts;</td>
</tr>
<tr>
<td></td>
<td>Distribute campaign information to all stakeholders.</td>
<td>Share good practice to all stakeholders;</td>
<td>Distribute campaign information to all stakeholders.</td>
<td>Share good practice and outcomes from the campaigns;</td>
</tr>
<tr>
<td></td>
<td>Feedback any issues and concerns to the National BCOC team.</td>
<td>Feedback any issues and concerns to the National BCOC team;</td>
<td>Feedback any issues and concerns to the National BCOC team;</td>
<td>Distribute national evaluation information to key stakeholders.</td>
</tr>
</tbody>
</table>
Project Title: Chemotherapy Outreach Review South Yorkshire

Category: Improving quality of care

Description
The Chemotherapy Outreach service review is being led by the Working Together Programme, as agreed by its stakeholder members, raised initially through the South Yorkshire Cancer Strategy Group. Outreach Chemotherapy has been developing in South Yorkshire over the last 15 years, with the aim of delivering chemotherapy closer to home. As implementation has progressed it has become more apparent that the original model may not be fit for purpose and that a wider review of the model needs to take place in order for Chemotherapy Outreach to be a safe and sustainable service which meets current and future demands of all stakeholders. Key issues driving the review are:

- Inequitable regimes at outreach locations;
- Oncology recruitment and workforce pressures to support current model;
- Link to required locality Acute Oncology Service (AOS);
- The fit with commissioner long terms plans and levels of engagement;
- Long terms provision meeting patient demand whilst being value for money.

Priority Areas
Five Year Forward View, Cancer Strategy Statement of Intent, Working Together Priorities.

Outcomes
- Provide a detailed understanding of the as-is service capacity, demand, efficiency and performance of the current South Yorkshire Chemotherapy Outreach model;
- Review the impact of future workforce issues on delivery, aligning with commissioner intentions and long term goals;
- Model future demand, activity and efficiency to appraise a range of outreach model options, to recommend a preferred long term model to the South Yorkshire stakeholders and commissioning body.

Role of the SCN
The Strategic Clinical Network will support this process by providing, managerial support, clinical advice and leadership and information analysis.

Partners and Associate in this Work

Summary of Project Plan and KPI
Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Project approval through the Working Together Programme;</td>
</tr>
<tr>
<td></td>
<td>• Inaugural task and finish group meeting;</td>
</tr>
<tr>
<td></td>
<td>• Identification of Steering Group and Working Group membership.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Review of project resource requirements presented to Working Together.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Ongoing activities to be confirmed.</td>
</tr>
</tbody>
</table>

| Q4 |   |
**Project Title:** Creating a guiding coalition to support the delivery of the cancer strategy  
**Category:** Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**
The new cancer strategy is expected to be published in June / July. The Statement of Intent indicates that Cancer networks will be instrumental in its delivery. System leadership will be key to this. The development of a guiding coalition of system leaders across Yorkshire and the Humber will improve the effectiveness of the system in responding to the challenges presented by the new strategy.

**Priority Areas**
Five Year Forward View, Cancer Strategy Statement of Intent.

**Outcomes**
- The response to the Cancer Strategy across Yorkshire and Humber is coordinated and that resources of the health system are optimised; system leaders have an opportunity to share ideas, test new approaches and share learning at an individual and organisational level;
- Opportunities for collaboration across Yorkshire and the Humber are identified including where there may be economies of scale;
- There is a vehicle for agreeing the approach to commissioning services that require a pan Yorkshire and the Humber approach, including specialised service reconfiguration;
- There is oversight of the SCN work programme, including oversight of Yorkshire and the Humber wide improvement programmes and strategies that enable the health system to deliver strategic and operational objectives are effective, including SCN strategies for cancer intelligence, Patient and Public Engagement and Clinical Engagement are implemented effectively and Yorkshire and the Humber.
- There is an effective relationship between Yorkshire and the Humber and national and North of England organisations.

**Role of the SCN**
- To influence organisational priorities across Yorkshire and Humber - through facilitating meetings, other engagement events and by forming effective relationships with key individuals and organisations;
- To engage stakeholders in the development of the Cancer Network work programme and maintain engagement so that the work programme continues to reflect emerging stakeholder priorities, to connect this to work being done at a national and regional level;
- To facilitate regular meetings and events; including quarterly meetings of the Steering Group and one off events that are focused on particular issues.

**Partners and Associate in this Work**

**Summary of Project Plan and KPI**
Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th>Link to national team and contribute to the development of the national strategy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Assess new national strategy against current ways of commissioning and providing services; Bring together system leaders in Yorkshire and Humber to assess response.</td>
</tr>
<tr>
<td>Q3</td>
<td>Develop programme approach to implementation of the strategy.</td>
</tr>
<tr>
<td>Q4</td>
<td>Revise and refresh work programme for 2016/17.</td>
</tr>
</tbody>
</table>
Project Title: Supporting Collaborative (pan CCG) Commissioning

Category: Supporting and enabling the system to be clinically led, patient focused and evidence based.

Description

Working at a pan CCG level (coterminous with West Yorkshire, South Yorkshire, Humber and North Yorkshire collaborative groups) to encourage and support effective inter organisational relationships needed to i) develop and deliver cancer strategy ii) to improve the service quality and effectiveness (this needs to be read in conjunction with CCG collaborative focused priorities).

Priority Areas


Outcomes

Local work programmes and outcomes are determined by constituent members of the strategy groups and are reflective of local priorities; these will focus on the development of strategy, implementation of improvement initiatives and the commissioning and delivery of high quality services to patients (safe, effective, timely).

Role of the SCN

- To connect local strategy development with national, regional and Yorkshire and Humber strategy / initiatives;
- With the Chief Officer lead for the CCG area, i) facilitate the development of effective inter-organisational working ii) ensure that there is an effective relationship with the formal CCG collaborative group so that CCGs make decisions that are informed by evidence and best practice iii) that "ways of working" are agreed and understood and iv) that organisational roles and responsibilities are clear (at an individual and collaborative level - this will include the relationship with CCG Collaborative Programmes South Yorkshire Working Together and West Yorkshire Healthy Futures programmes) and that members accept responsibility for acting on decisions that are taken;
- Develop formal and informal networks to develop a comprehensive overview of cancer (e.g. service quality, local initiatives, CCG priorities);
- Provide clinical leadership, management expertise and cancer intelligence to support effective decision making at a pan CCG level.

Partners and Associate in this Work


Summary of Project Plan and KPI

Main activities and milestones

| Q1 | • Meeting(s) of the strategy group (including provision of cancer intelligence report); • Review of local programmes and priorities agree work programme (2015/16). |
| Q2 | • Meeting(s) of the strategy group (including provision of cancer intelligence report); • Review of local programmes and priorities agree work programme (rolling programme). |
| Q3 | • Meeting(s) of the strategy group (including provision of cancer intelligence report); • Review of local programmes and priorities agree work programme (rolling programme). |
| Q4 | • Meeting(s) of the strategy group (including provision of cancer intelligence report); • Review of local programmes and priorities agree work programme 2016/17. |
**Project Title: Patient involvement and engagement**

Category: Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**

To develop an approach to patient engagement that supports the delivery of the SCN work programme, including contribution to projects and programmes and involvement in formal groups. Supports the delivery of the Cancer SCN Strategy.

**Priority Areas**


**Outcomes**

- Effective patient involvement / engagement / co production as appropriate in all cancer SCN projects and programmes;
- Patient engagement in / representation on decision making groups.

**Role of the SCN**

- To ensure patient involvement / engagement in pathway / projects;
- To ensure patient involvement / engagement in the work of the Yorkshire and Humber Cancer Steering group and Collaborative Commissioning Groups;
- Develop a network approach to engagement of patients based on electronic systems – email / social media etc;
- To develop new and innovative approaches to engagement of patients.

**Partners and Associate in this Work**

Third sector organisations, including Macmillan and CRUK, patient groups within Yorkshire and Humber, national patient engagement leads, South Yorkshire Patient Forum, The Mid, North and West Yorkshire Cancer Patient Forum.

**Summary of Project Plan and KPI**

Main activities and milestones

| Q1 | Assess all project plans produced by the SCN to assess the options for patient engagement to ensure that the project identifies the best approach (June);
|    | Assess the approach to patient engagement formal groups and define the role of existing patient fora / groups and support needed by patient representatives, identifying options for patient engagement in formal groups where arrangements are not in place. |

| Q2 | Develop a programme for engagement of patients in cancer projects for 2015/16;
|    | Clarify arrangements for patient engagement in all formal groups, including practical issues such as patient support (peer support, travel etc.);
|    | Consider the options for the use of social media in patient engagement for cancer. |

| Q3 | Review SCN strategy and plan for patient engagement against good practice;
|    | Develop and action plan for the use of social media to support patient engagement. |

| Q4 | Review patient engagement in projects / programmes;
|    | Review patient engagement in formal groups;
|    | Identify where this has been effective and where improvements are needed; produce action plan. |
Project Title: GP Leadership and primary Care Engagement

Category: Supporting and enabling the system to be clinically led, patient focused and evidence based.

Description
To support and evaluate the model of GP Leadership for cancer at an SCN and CCG level to inform commissioning and delivery of care for patients and to influence local peers in driving up standards of care. From awareness and early diagnosis, treatment, follow up and living with and beyond cancer.

Priority Areas
Five Year Forward View, Cancer Strategy Statement of Intent, CCGs strategy and delivery.

Outcomes
- GP lead roles are well defined and it is clear how the objectives of these posts are delivered with well developed, structured programme management support to these roles;
- GP Leads and their work plans are linked to / support the SCN work programme, CCG priorities, and Yorkshire and the Humber Collaborative commissioning programmes;
- Consistent methods are used to identify variation in practice activity, and there is increased use of tools such as Significant Event Audits and routes to diagnosis;
- Lead GPs have access to, and can interpret and analyse data available to inform practice;
- The programme will be evaluated to make recommendations for future models of clinical leadership and primary care engagement.

Role of the SCN
Clinical leadership - Supports the delivery of the work programme;
Programme Management:
- Support and development of GP leads forum;
- Development of core learning activities for GPs, evaluation of GP lead role and development of recommendations;
- Supporting GPs and CCGs to use data to inform local cancer prioritisation and primary care engagement;
- Promoting links with the third sector, Public Health England, local authorities and ensure the programme is linked to SCN and collaborative commissioning programmes.

Partners and Associate in this Work
Macmillan, CRUK, Public Health England, CCG Collaborative programmes and commissioning teams, local authorities, providers.

Summary of Project Plan and KPI
Main activities and milestones

Q1
- Draft programme for GP development session;
- Delivery of CCG and GP Practice cancer data profiles;
- Agree delivery of evaluation.

Q2
- Carry out evaluation of GP Lead roles;
- Produce guidance from GP leads on new 2WW referral guidelines;
- Agree work programme for GP leads forum for the rest of the year and scope different methods for engaging wider groups of GPs e.g. use of technology, pre-work, links with Y&H and sub-regional steering groups;
- Annual report for Macmillan.

Q3
- Write up of evaluation of GP lead roles;
- Delivery of September forum meeting;
- Delivery of development event for GP leads.

Q4
- Horizon scanning for new developments in 2016/17 – national developments and Yorkshire and the Humber / sub-regional plans – to agree areas of collaboration for the next financial year;
- Evaluation of development event.
**Project Title: Site Specific Clinical Engagement**

**Category:** Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**
Development and implementation of a flexible model for site specific clinical engagement aligned to the priorities of the SCN and partners, while maintaining engagement with those areas of less immediate priority.

**Priority Areas**
Five Year Forward View, Cancer Strategy Statement of Intent.

**Outcomes**
- The production of clinically led and evidence based work from the SCN and other stakeholder groups;
- Yorkshire and the Humber voice in national CRGs and Clinical engagement across the patch and tumour sites.

**Role of the SCN**
- Stratify models and methods of clinical engagement to ensure alignment to the Cancer SCN business plan priorities and Yorkshire and the Humber SG / sub-regional work programmes / national CRGs;
- Scope models of clinical engagement elsewhere e.g. other SCNs / NICE / CCGs / AHSNs / ACE / Deaneries and tools for engagement e.g. virtual / webex / NHS networks / events and consider what we need to align to the SCN work areas outlined above;
- Identify where clinical input is needed as a priority for SCN work programme (and classify as active/dormant, Yorkshire and the Humber / sub-regional / national);
- Horizon scanning for areas being developed nationally to inform prioritisation;
- Develop tools / models for self-directed and self-sufficient clinical engagement / networking activities where immediate involvement in Yorkshire and the Humber work programmes may not be appropriate;
- Ensure clinical expertise is utilised in service design.

**Partners and Associate in this Work**
- Providers, Commissioners, CCG Collaborative programmes, Public Health England, Other SCNs, AHSN

**Summary of Project Plan and KPI**

**Main activities and milestones**

<table>
<thead>
<tr>
<th>Q1</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scoping what is being done elsewhere e.g. other SCNs, NICE, CCGs, AHSNs;</td>
<td>Review lessons learned from previous SCN network events;</td>
<td>Ensure database is up to date with all contacts;</td>
</tr>
<tr>
<td>Evaluation of trial ‘task and finish’ approaches piloted so far;</td>
<td>Produce summary of scoping and draft proposal for discussion.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop terms of engagement aligned with business plan and taking into account those needed to stop / maintain / improve, etc;</td>
<td>Consult with stakeholders on new model;</td>
<td>Identify first ‘active’ areas for clinical engagement and engage relevant clinicians.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin new model of clinical engagement;</td>
<td>Horizon scanning for Yorkshire and the Humber 2016/17 commissioning intentions to inform future needs of clinical engagement.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ends, maintenance phase starts.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Project Title: Dissemination of Cancer Information and Intelligence

Category: Supporting and enabling the system to be clinically led, patient focused and evidence based

Description

Informing and engaging commissioners through analytical support to identify variation in cancer outcomes and patient experience. A programme of Yorkshire and the Humber wide events are organised, aimed at Local Authority, CCG and NHS England Commissioners: To improve and support the development of approaches aimed at identifying how cancer information can be used by commissioners to set priorities, develop effective commissioning plans and improve outcomes across the whole care pathway, at both local and regional levels – supports the delivery of the Cancer Intelligence Strategy.

Priority Areas


Outcomes

Stakeholders are informed are able to access and use cancer intelligence to inform decision making. Provide national and regional updates on cancer data, its sources and analytical outputs. Provide national and regional updates on how intelligence can be used to deliver innovation and improve outcomes. Share examples of where cancer intelligence is being used to drive improvements in outcomes. Bring together those responsible for commission cancer services from presentation and screening to provision of treatment and follow-up, and beyond, providing an opportunity to network with colleagues.

Role of the SCN

SCN and Public Health England work jointly to lead, deliver and facilitate the events, ensuring appropriate clinical and stakeholder representation / attendance. Provide intelligence to inform cancer commissioning. Sharing areas of good practice.

Partners and Associate in this Work


Summary of Project Plan and KPI

Main activities and milestones

Q1
- Research and provide analysis and narrative on cancer intelligence, quality and outcomes which will be communicated electronically and via the Cancer Strategy Group Meetings;
- Areas for local attention and action plan identified;
- Deliver event (June 2015);
- Evaluation of effectiveness of event in terms of immediate response (June 2015).

Q2
- Research and provide analysis and narrative on cancer intelligence, quality and outcomes which will be communicated electronically and via the Cancer Strategy Group Meetings;
- Areas for local attention and action plan identified;
- Evaluation of effectiveness of June event in terms of follow-up actions by stakeholders (September 2015);
- Feedback evaluation to attendees and publicise and communicate areas of good practice (July 2015).

Q3
- Research and provide analysis and narrative on cancer intelligence, quality and outcomes which will be communicated electronically and via the Cancer Strategy Group Meetings;
- Areas for local attention and action plan identified;
- Deliver event (October 2015);
- Evaluation of effectiveness of October event in terms of immediate response (October 2015);
- Feedback evaluation to attendees and publicise and communicate areas of good practice (November 2015).

Q4
- Research and provide analysis and narrative on cancer intelligence, quality and outcomes which will be communicated electronically and via the Cancer Strategy Group Meetings;
- Areas for local attention and action plan identified;
- Review requirement and focus of any future events.
### Project Title: Local Authority Engagement Project

**Category:** Supporting and enabling the system to be clinically led, patient focused and evidence based

**Project Title and Description**

Develop a programme of engagement with local authorities, to clarify their role in prevention, survivorship and improving cancer outcomes, identify organisational arrangements and areas of good practice and identify opportunities to enhance the local authority role.

**Priority Areas**


**Outcomes**

- To improved engagement of local authority cancer leads in local cancer commissioning;
- To increase the number of local authority cancer leads attending / contributing to the programme of commissioner engagement events (cancer symposia);
- To improve local authority understanding of Awareness and Early Diagnosis, Living With and Beyond Cancer (survivorship) strategic priorities;
- To support local authorities public health leads to use cancer data and intelligence in their commissioning role.

**Role of the SCN**

- To identify local authorities Public Health contacts with the nominated lead for cancer; establish and maintain engagement;
- To support local authorities Public Health to use cancer data and intelligence in their commissioning role to improve outcomes;
- To share good practice from local authorities;
- To promote the role of local authorities in awareness, and early diagnosis and the living with and beyond cancer strategic priorities.

**Partners and Associate in this Work**


### Summary of Project Plan and KPI

#### Main activities and milestones

**Q1**
- Produce report on the role of local government in improving cancer outcomes;
- Engage local authorities to contribute to the Cancer Symposium Event assess impact post event.

**Q2**
- Assess progress of CCGs in commissioning survivorship programmes;
- Develop a report of findings from the scoping exercise;
- Maintain contact with Public Health local authorities on local projects / programmes to share good practice with stakeholders which is needed on a continual basis.

**Q3**
- Set up pilot project steering group with key stakeholders including (CCGs, local authorities Public Health, Public Health England) in one region to act upon the scoping exercise.

**Q4**
- Follow up maintenance with the steering group;
- To evaluate effectiveness of the project and share good practice with stakeholders.
The Cardiovascular Disease SCN is comprised of cardiac, stroke, renal and diabetes clinical networks. Each component part of CVD has its own dedicated support and clinical leadership, and work will continue in these individual areas as well as developing cross cutting themes such as prevention and early identification of disease.
**Project Title: Acute Kidney Injury (AKI)**

**Category:** Improving quality of care

**Description**

The SCN has a pivotal role in the development and implementation of work on AKI in Yorkshire and the Humber. The project has a number of components working across primary and secondary care to share best practice and ensure that harm due to AKI is prevented.

**Priority Areas**


**Outcomes**

- This work programme will support a reduction in the incidence of AKI across Yorkshire and the Humber;
- Educating Primary Care clinicians to support better identification, management and treatment of AKI to reduce referrals to Secondary Care;
- Educating Secondary Care clinicians to support better identification, management and treatment of AKI to reduce morbidity, mortality and length of stay;
- Increased Patient Awareness to improve patient experience, reduce incidence of AKI and promote self-management (link to the national programme).

**Role of the SCN**

- Understand current incidence, prevalence and variation in management of AKI across Yorkshire and the Humber;
- Work with CCGs to raise the profile and understand how best to improve local practice and management of AKI;
- Coordinate the development of a Yorkshire and the Humber AKI Pathway;
- Develop AKI Champions;
- Support training and education in Primary and Secondary Care;
- Facilitate the Yorkshire and the Humber AKI Forum – sharing best practice;
- Support the development of patient information with the national Think Kidneys programme.

**Partners and Associate in this Work**


**Summary of Project Plan and KPI**

**Main activities and milestones**

**Q1**

- Scoping the current prevalence and incidence of AKI in Yorkshire and the Humber;
- AKI Champions identified in all 13 Trusts;
- Yorkshire and the Humber AKI Forum;
- Primary Care Training Package developed.

**Q2**

- Patient information leaflet developed;
- Yorkshire and the Humber AKI Pathway Agreed;
- Secondary Care Training package available;
- Primary Care Training Package developed.

**Q3**

- AKI on the agenda of the majority of CCG GP learning Sessions;

**Q4**

- Yorkshire and the Humber AKI Pathway shared;
**Project Title: Renal: Networking**

Category: Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**
To ensure that work areas from the pre-existing renal network are maintained to ensure the system to be clinically led and evidence based. To undertake work to address cross-cutting issues collaboratively across sister SCNs as appropriate.

**Priority Areas**
NHS Outcomes Framework: Domain 1,2,3,4,5: 1a, 1b, 1.1, 2, 2.3(ii), 2.4,4,5,5.6, NHS England Business Plan, NHS Constitution, NHS Mandate and Specialised Commissioning.

**Outcomes**
This work programme will be support the following in Yorkshire and the Humber:
- An increase in transplantation rates in Yorkshire and the Humber;
- An increase in the number of patients undertaking self-care and shared haemodialysis care;
- An increase in the number of patients undertaking home dialysis;
- Improved compliance of young adults through improvements in transition for young people into adult services.

**Role of the SCN**
- Support clinical teams to share best practice through the Yorkshire and Humber fora;
- Co-ordinate funding applications and business case development on behalf of stakeholders to develop the case for increasing self-care and shared care across the country;
- Host regional fora for Transplantation, Home Therapies, Conservative Care and Shared Haemodialysis Care;
- Ensure patient engagement and involvement in regional fora;
- Support the Children’s SCN on Transition.

**Partners and Associate in this Work**
Acute Provider Trusts, Primary and Secondary Care Clinicians, Patients & Carers, CCGs, Public Health England and Specialised Commissioning (NHS England).

**Summary of Project Plan and KPI**
Main activities and milestones

| Q1         | Coordinate the Yorkshire and the Humber Transplant Forum;  
|            | Host National Shared Haemodialysis Care Learning Event;  
|            | Coordinate Health Foundation Scaling Up Application. |
| Q2         | Coordinate the Yorkshire and the Humber Conservative Care Forum;  
|            | Support the Yorkshire and the Humber Home Therapies Forum;  
|            | Coordinate Health Foundation Scaling Up Application. |
| Q3         | Coordinate the Yorkshire and the Humber Transplant Forum. |
| Q4         | Support the Yorkshire and the Humber Home Therapies Forum;  
|            | Coordinate the Yorkshire and the Humber Conservative Care Forum. |
**Project Title: Dialysis Commissioning**

**Category:** Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**
Support commissioners with the proposed move of dialysis commissioning from a specialised to a CCG commissioned service.

**Priority Areas**
CCG and Specialised Commissioning (NHS England) requirement.

**Outcomes**
Ensuring a safe transition and supporting commissioners to mitigate against financial risk if commissioning moves from NHS England to CCGs.

**Role of the SCN**
- Coordinate a Yorkshire and the Humber CCG Commissioners group to support the change in commissioning arrangements;
- Maintain close working with Specialised Commissioning and CCG commissioners;
- Ensure a coordinated approach to communications across Yorkshire and the Humber;
- Develop data packs as required to support decision making.

**Partners and Associate in this Work**

**Summary of Project Plan and KPI**

<table>
<thead>
<tr>
<th>Main activities and milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1</strong></td>
</tr>
<tr>
<td><strong>Q2</strong></td>
</tr>
<tr>
<td><strong>Q3</strong></td>
</tr>
<tr>
<td><strong>Q4</strong></td>
</tr>
</tbody>
</table>
## Project Title: Variation

**Category:** Supporting and enabling the system to be clinically led, patient focused and evidence based

### Description

Undertake work to determine any variation in renal care both in primary and secondary care, and develop renal metrics to demonstrate changes in the system.

### Priority Areas

NHS Outcomes Framework: Domain 1: 1a,1b,1.1,4,5

### Outcomes

Reduce unwarranted variation in renal services through the establishment and regular collection and analysis of renal metrics. Enables evaluation of improvement initiatives.

### Role of the SCN

- Triangulation of national and local renal intelligence for providers and commissioners;
- Development and population of renal metrics dashboard.

### Partners and Associate in this Work

NHS England, CCG Commissioners, Voluntary Sector, Patients, Public Health England, Business Intelligence Team, Acute Provider Trusts, Primary Care and Renal Registry.

### Summary of Project Plan and KPI

**Main activities and milestones**

| Q2 | Renal Metrics Dashboard agreed and finalised; Areas of best practice or outliers identified in the Yorkshire and the Humber Renal Registry Report and presented by the relevant units for discussion at the Clinical Expert Group. |
| Q3 | Renal Metrics Dashboard presented and discussed at Clinical Expert Group and Renal Local Implementation Groups; Clinical Expert Group to receive the intelligence and coordinate an action plan of improvements to reduce unwarranted variation. |
| Q4 | Renal Metrics Dashboard presented and discussed at Clinical Expert Group and Renal Local Implementation Groups and progress on reduction of unwarranted variation monitored. |
Project Title: Cardiac: Web-based Electronic Referral System for Cardiology

Description
Scoping options for the development and implementation of a single web-based electronic referral system for all cardiology services across Yorkshire and the Humber.

Priority Areas
A key focus of recent national strategies for cardiovascular services has been to improve and streamline clinical pathways for both non-elective cardiology and cardiac surgery patients, who are transferred across hospitals in a given region or locality for treatment. National audits undertaken previously have demonstrated longer waits for access to specialist cardiology services for District General Hospital patients compared to patients whose local hospital is a specialist centre. Other regions and localities have since addressed these particular issues by the implementation and use of an electronic referral system for their non-elective cardiology and/or cardiac surgery pathways. At present, Yorkshire and the Humber do not have a universal web-based electronic referral system for cardiology. This project aligns with the following: CCG Outcomes Indictors; Outcome Framework Domains 1a, 1b, 1.1, 2.1, 2.2, 2.3(ii), 3a, 3b, & 4; CVD Outcomes Strategy Outcomes 5 and 7; and the NHS England Business Plan 2015/16: Theme 2, Priorities 7 and 8.

Outcomes
- Reinforce an agreed set of minimum standards for the referral, transfer, return and discharge of inter-hospital transfer patients requiring elective and non-elective cardiology or cardiac surgery;
- Ensure equity of access for all patients requiring elective and non-elective cardiology services or cardiac surgery;
- Allow timely referrals for elective and non-elective cardiology and cardiac surgery to be made;
- Facilitate improved communication across all providers across our region;
- Lead to improved patient experience;
- Ensure a more efficient use of NHS resources.

Role of the SCN
The SCN will assume the lead role for the scoping, planning, organising and rolling out of the project with the support of our stakeholders identified below. The SCN will also lead on the implementation of a web-based electronic referral system.

Partners and Associate in this Work
NHS England Specialised Commissioning, CCG commissioners, regional tertiary centres (pPCI centres) and regional district general hospitals and Primary Care.

Summary of Project Plan and KPI
Main activities and milestones

| Q1 | Present options appraisal paper to commissioners and providers; |
|    | Establish a sub-group to agree a minimum dataset. |
| Q2 | Engage with all commissioning and provider stakeholders to ensure full 'sign-up' to the proposal; |
|    | Host an event for providers and commissioners to showcase the preferred electronic referral system and to receive feedback regarding the system. |
| Q3 | Development of a full business case. |
| Q4 | Plan for 'Going Live' of electronic referral system. |
Project Title: Cardiac: SCN Collaborative Partnership Work

Category: Improvement programmes focused on the patient pathway / Improving Quality of Care

Description

This work stream involves supporting partnership work with:
- NHS England Specialised Commissioners regarding a Yorkshire and the Humber-wide review and / or intervention based on variation in performance, pathways or service models, to include: primary PCI and complex cardiac devices;
- The South Yorkshire and Bassetlaw (SYB) “Working Together” Programme regarding the development of 24/7 x 365 acute care for cardiology.

Priority Areas

Supporting projects identified as priorities by our partners as they align with the following: Domains: 1-5; Outcomes Framework 1a, 1b, 2.1, 2.2, 2.3 (ii), 3.a, 3.b, 4 and 5; CVD Outcomes Strategy, Action 7; and NHS England Business Plan 2015/16, Theme 2, Priorities 7 and 8.

Outcomes

- Ensure that acute cardiology services across South Yorkshire and Bassetlaw are safe and sustainable (SYB Working Together);
- Ensure that acute cardiology service provision across SYB is equitable (SYB Working Together);
- Ensure equitable access for patients across Yorkshire and the Humber regarding complex cardiac device implantation (NHS England Specialised Commissioning);
- Ensure providers of complex cardiac device services are adhering to the national service specification (A-09) (NHS England Specialised Commissioning).

Role of the SCN

The SCN will provide support to enable collaborative working with NHS England Specialised Commissioning and the South Yorkshire and Bassetlaw Working Together Group.

Partners and Associate in this Work

NHS England Specialised Commissioning, CCG commissioners, Public Health England, regional tertiary centres (pPCI centres) and regional district general hospitals.

Summary of Project Plan and KPI

Main activities and milestones (for NHS England Specialised Commissioning – Complex Cardiac Devices Review)

| Q1 | • Review of current service configuration, including status of providers against the Service Specification;  
• Undertake a baseline assessment of provider activity reported via NICOR database; NHS commissioning/contracting arrangements, e.g. SUS;  
• Support Public Health England (PHE) with undertaking a comprehensive needs assessment, based on current guidance, e.g., NICE;  
• Support PHE with undertaking a gap analysis and equity of access assessment;  
• Present draft preliminary report at the Regional Cardiac Services Clinical Expert Group as part of the consultation exercise. |
| Q2 | • Support NHS England in Phase 2 stakeholder consultation and validation;  
• Develop process for ongoing stakeholder involvement, consultation and agreement for pathway redesign. |
| Q3 | • Support NHS England service review outcomes. |
| Q4 | • Support NHS England in the consolidation of service review outcomes. |
Project Title: Cardiac: Primary PCI Referrals Audit

Category: Improvement programmes focused on the patient pathway / Improving Quality of Care

Description

This work stream aims to review the current referral practice across the Yorkshire and the Humber region against local and national guidance and encourage appropriate action to address any concerns identified.

Priority Areas

This work stream has been prioritised as it will ensure that all patients presenting with a STEMI will receive timely and equitable access to the best evidence-based care pathway. This project aligns with the following: CCG Outcomes Indictors; Outcome Framework Domains 1a, 1b, 1.1 ,2.1, 2.2, 2.3(ii), 3a, 3b, & 4; CVD Outcomes Strategy Outcomes 5 and 7; and the NHS England Business Plan 2015/16: Theme 2, Priorities 7 and 8.

Outcomes

- Accurate assessment of compliance with the revised referral pathway (following the ratification of the NHS England Specialised Commissioning Business Continuity Plan for pPCI services);
- Identification of any capacity issues and unwarranted variations regarding timely service provision;
- Ensure that patients are only declined pPCI treatment based on appropriate clinical grounds (anecdotal evidence suggests that patients are being declined appropriately as a result of capacity issues);
- Where deficiencies are highlighted, improvements to service provision will be made at regional level resulting in better care for patients.

Role of the SCN

The SCN will assume the lead role for the planning, organising and rolling out of the audit with the support of our stakeholders identified below. The SCN will also be responsible for the collation and analysis of the data, which will form the basis of a report with recommendations for improvements, where required.

Partners and Associate in this Work

NHS England Specialised Commissioning, Ambulance Trusts, regional tertiary centres (pPCI centres) and regional district general hospitals.

Summary of Project Plan and KPI

Main activities and milestones

| Q1 | • Engage and consult with relevant stakeholders via the Clinical Expert Group (CEG) regarding the proposed audit;  
|   | • Devise audit proposal, project plan and data collection tools;  
|   | • Data collection phase of the project (1 April 2015 – 30 June 2015). |
| Q2 | • Collation and analysis of data returned from both referring organisations and receiving organisations;  
|   | • Data validation and verification;  
|   | • Present results to the CEG and Commissioners and develop recommendations. |
| Q3 | • Support Commissioners to develop next steps. |
| Q4 | • Support Commissioners to implement next steps. |
Project Title: Identification and management of patients with Familial Hypercholesterolaemia (FH)

Category: Improvement programmes focused on the patient pathway / Improving quality of care / Supporting and enabling the system to be clinically led, patient focused and evidence based

Description
To establish commissioned services to identify patients and families at risk of FH. These patients have a 300 times greater risk of developing early onset CVD due to genetic abnormalities in the genes that regulate LDL cholesterol. Early treatment can reduce risk and has been shown to be economically valuable (cost per QALY £2700).

Priority Areas
- NHS Outcomes Framework: Domains 1, 2 & 4;
- CVD Outcomes Strategy Outcome 5;

Outcomes
Ensure equitable access to FH services across Yorkshire and the Humber. Implement the requirements of NICE Clinical Guidance 71. Reduce mortality as a result of early identification.

Role of the SCN
Manage the implementation of a regional (West Yorkshire and North Yorkshire and North Lincolnshire) service to identify and manage patients with FH (to supplement existing services in South Yorkshire).

Partners and Associate in this Work
CCG Commissioners, Acute Provider Trusts, The British Heart Foundation.

Summary of Project Plan and KPI
Main activities and milestones

| Q1 | • Secure commissioning support from CCGs through the collaborative groups for WY and NEYNL - COMPLETE;  
|    | • Secure BHF funding to support FH Nurse posts - COMPLETE;  
|    | • Identify resource to support project delivery. |

| Q2 | • Develop a project implementation plan;  
|    | • Recruit four FH Nurses as identified in the Business Plan and the BHF Funding Application;  
|    | • Identify DNA testing provider and Procure PASS Licenses;  
|    | • Establish an Executive Leadership group. |

| Q3 | • Commence initial clinic sessions in early adopter CCGs;  
|    | • Train staff on PASS clinical system. |

| Q4 | • Roll out to other CCGs. |
### Project Title: Cardiac Assurance of Cardiology Services

**Category:** Improving quality of care / Supporting the system to be clinically led, patient focused and evidence-based.

**Description**

Developing an assurance framework for cardiac services to support Commissioners to identify and manage gaps in services.

**Priority Areas**

- NHS Outcomes Framework Domain 1: 1a, 1b,1.1, 3a, 3b, 4 and 5
- NHS England Business Plan 2015/16: Theme 2, Priorities 7 and 8

**Outcomes**

Improve patient experience through better pathway management. Reduce variation in services and improve clinical outcomes.

**Role of the SCN**

- The SCN will facilitate the Clinical Expert Group to develop a Quality Assurance Framework (QAF) template for secondary care cardiac pathways of care;
- Coordinate a gap analysis against the Assurance Framework;
- Support Providers and Commissioners to develop improvement plans.

**Partners and Associates in this Work**

NHS England Commissioners, CCG Commissioners, Acute Provider Trusts.

### Summary of Project Plan and KPI

**Main activities and milestones**

<table>
<thead>
<tr>
<th>Q1</th>
<th>Develop Quality Assurance Standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Finalise the Quality Assurance Framework (QAF) with CEG and Commissioners</td>
</tr>
<tr>
<td>Q3</td>
<td>Baseline Assessment of providers against QAF metrics.</td>
</tr>
<tr>
<td>Q4</td>
<td>Recommendations to support addressing the gaps presented to Commissioners.</td>
</tr>
</tbody>
</table>
Project Title: Missed Opportunities of Care for patients with cardiac disease

Category: Improving quality of care / Supporting and enabling the system to be clinically led, patient focused and evidence based

Description
Evidence based mapping of cardiology pathways with a focus on reducing waiting times, improving equity of access and promoting efficient use of resources.

Priority Areas
NHS England Business Plan, Five Year Forward View, NHS Outcome Framework and NHS England Specialised QIPP.

Outcomes
Reduce mortality from heart disease. Improve patient experience through better pathway management. Potential cost efficiencies.

Role of the SCN
- The SCN will provide the clinical expertise and stakeholder engagement;
- Commission an Academic Institute to create and host a database and undertake a data review;
- The proposal is to support a cardiovascular analyst, IT database developer and principal investigator to build on pioneering health services research by a local academic team;
- The work will build on that success providing detailed regional information across Yorkshire and the Humber to identify the missed opportunities within cardiovascular care and therefore lead to improved quality and clinical outcomes through implementation programmes.

Partners and Associate in this Work

Summary of Project Plan and KPI
Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th>Business case development</th>
</tr>
</thead>
</table>
| Q2       | Complete NHS England procurement processes;  
|          | Stakeholder development and steering group development (if procurement approved). |
| Q3       | Procuring the service;  
|          | Appointments to post;  
|          | Identifying care processes and data requirements of stakeholders;  
|          | Support the research through linking with the SCN Cardiac Clinical Expert Group. |
| Q4       | Ongoing support for the steering group and project team. |
Project Title: Diabetes 1: Improve Quality of Diabetic Foot Care in Yorkshire and the Humber

Category: Improving quality of care

Description
Second phase of ongoing SCN work to develop a range of commissioning products to support the quality assurance of the diabetic foot care pathway. The products will be adoptable and adaptable by CCG commissioners in Yorkshire and the Humber and elsewhere.

Priority Areas
Five Year Forward View, NHS Outcomes Framework 15/16, National Clinical Director priority, Regional priority in response to the identified gaps in quality assurance of local foot pathways identified in phase one.

Outcomes
Associated Metrics:
- Reduce Diabetic foot related hospital admissions;
- Develops metrics for activity and outcomes to enable the QA of the diabetic foot pathway;
- Develops recommendations around the competencies and education programmes required for HCP working in the diabetic foot pathway;
- Develop a script for frontline staff responding to patient queries, to ensure consistency of advice is developed (right care, right place, right time).

Role of the SCN
- Delivery, organisation, and facilitation of this collaborative work programme, scoping the work, documenting outputs, communicating with stakeholders, engaging commissioners and providers;
- Bringing together primary care, commissioners, community and specialist teams through a programme of face to face meetings and teleconference format following the successful delivery of phase 1 of the work stream.

Partners and Associate in this Work
CCG commissioners, Community Providers, CCGs, Diabetes UK.

Summary of Project Plan and KPI
Main activities and milestones

| Q1  | Form Phase 2 task and finish group; |
| Q2  | Hold initial project meeting;     |
|     | Scope outputs of work stream.     |
| Q3  | Develop sub working groups to oversee creation of: |
|     | Metrics for care processes         |
|     | Education recommendations (to include collation of existing regional education resources); |
|     | Script for health care professionals to undertake assessments. |
| Q4  | Present draft products;           |
|     | Finalise products;                |
|     | Disseminate for local adoption.   |
Project Title: Diabetes 2: Structure Patient Education

Category: Supporting and enabling the system to be clinically led, patient focused and evidence based

Description

Underpinning CCG Planning around Patient Education for Diabetes. Supporting CCGs to understand; Scoping the current level of commissioned services for Structures Patient Education, reviewing capacity & demand, and identify opportunities for improvements and to explore alternative provision to the formal SPE modules offered to meet the needs of patients. – The National Diabetes Audit data has been shown to be unreliable in some areas. However Diabetes (Type 1 and 2) is a long term condition and patient education should be a lifelong process, services need to also offer more flexible provision that meets patients’ needs through their lives.

Priority Areas

Five Year Forward View. NHS Outcomes Framework. Structured Patient Education (SPE) is a National Priority of the NCD for Diabetes and Obesity.

Self Care strategies in CCGs are underpinned by empowering patients and SPE is the first step for newly diagnosed diabetic patients. However Diabetes (Type 1 and 2) is a long term condition and patient education should be a lifelong process, services need to also offer more flexible provision that meets patients needs through their lives. We will also explore alternative provision to the formal SPE modules offered.

Outcomes

- Improved attainment against 8 care processes for diabetes;
- Improved experience through self management and adherence to individual care plans.

Role of the SCN

We will create a methodology for understanding capacity and activity in SPE and work with CCGs and local providers to create individual reports per CCG.

Partners and Associate in this Work

National Diabetes Audit, Diabetes UK, CCGS, SPE providers

Summary of Project Plan and KPI

| Q1   | Understand role of SCN. |
| Q2   | Scope of the work.      |
| Q3   | Methodology finalised;  |
|      | Establishing consensus amongst commissioners and providers; |
|      | Data collection begins. |
| Q4   | Data collection;        |
|      | Report publication and dissemination. |
### Project Title: Diabetes 3: Diabetes Transition Insight Project – Bridging the Gap

**Category:** Improving quality of care

#### Description
Bridging the Gap Insight Work. The National Diabetes Audit shows that young people with Type 1 can face terrible outcomes, with women (aged 15-24) being nine times more likely to die than those without the condition and in men, four times more likely. This project will gain insight from young people disengaged from diabetes services to support the redesign of services.

#### Priority Areas
Childrens and Maternity Work Programme Priority. Poor outcomes for Young People in Type 1 diabetes services are a National priority and this project supports this priority of the NCD and Yorkshire and the Humber Paediatric Lead.

#### Outcomes
- Improved adherence to care plans and compliance with services in the adult environment to avoid complications.
- Fewer disengaged young people.

#### Role of the SCN
- Identifying services in Yorkshire and the Humber, working with clinical teams to identify the disengaged young people.
- Linking Diabetes UK research team with the service to undertake interviews.
- Supporting the development of an interview script and the narrative synthesis of the research;
- Disseminating learning from the research to inform service design and commissioning processes for paediatric transition.

#### Partners and Associate in this Work
Paediatric Diabetes Services; CCG Commissioners, Diabetes UK, Service Users, Yorkshire Paediatric Diabetes Network.

#### Summary of Project Plan and KPI

<table>
<thead>
<tr>
<th>Main activities and milestones</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify services in the region to participate in the programme;</td>
<td>Identify young people;</td>
<td>Synthesise research;</td>
<td>Feedback outputs of patient insight research into commissioning processes and service redesign.</td>
<td></td>
</tr>
<tr>
<td>Liaise with DUK to confirm project scope.</td>
<td>Develop Script;</td>
<td>Draft report with DUK research team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct interviews with young people.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Project Title: Diabetes 4: Information Prescriptions**

**Category:** Improving quality of care

**Description**

Information Prescription Roll Out in across primary care in Yorkshire and the Humber General Practice. The information Prescriptions are embedded within EMIS and Systm One.

**Priority Areas**

Five Year Forward View. This supports the culture shift towards activated patients and self-management.

**Outcomes**

- Supporting patients to better understand what hypertension, HbA1c and Cholesterol are and their role in the development of cardiovascular events and diabetic complications;
- Improved self care and adherence to care planning processes;
- Improvement in associated QOF metrics: cholesterol, HbA1c and Hypertension treatment outcomes.

**Role of the SCN**

We will work with Diabetes UK and local diabetes networks and CCGs to identify GP champions in localities across the region. We will support GP practices to activate and adopt the prescriptions and develop resources to enable the wider adoption within localities - A cascade approach.

**Partners and Associate in this Work**

CCGs, DUK, Locality Diabetes Networks.

**Summary of Project Plan and KPI**

Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th>Identify GP practices and their clinical systems.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Begin to identify GP Champions;</td>
</tr>
<tr>
<td></td>
<td>Begin to roll out to these practices.</td>
</tr>
<tr>
<td>Q3</td>
<td>Develop resources following these early deployments (FAQs, how to guides);</td>
</tr>
<tr>
<td></td>
<td>Continue to identify GP champions within localities.</td>
</tr>
<tr>
<td>Q4</td>
<td>Begin the cascade process through Locality networks and CCG communications channels;</td>
</tr>
<tr>
<td></td>
<td>Evaluate progress in adoption from baseline;</td>
</tr>
<tr>
<td></td>
<td>Q3 and beyond – evaluate impact on treatment outcomes.</td>
</tr>
</tbody>
</table>
Project Title: Diabetes 5: Diabetes Prevention Programme

Category: Improvement programmes focused on the patient pathway

Description

Supporting and disseminating information from the Bradford ‘Demonstrator’ Prevention Programme as part of the 2015/16 project. National rollout in 2016/17.

Priority Areas

Five Year Forward View; Key national priority supported by Simon Stevens. NHSE business plan and a priority of the Diabetes and Obesity NCD. Key programme in SCN Business Planning Parameters.

Outcomes

- Preparatory work to support localities with their 2016/17 DPPs;
- DPP will enable risk stratification of at risk populations with an anticipated reduction or delay in the number of people each year who develop type 2 diabetes.

Role of the SCN

- Working with Bradford CCG to supports with 15/16 upscaling of DPP as a demonstrator site;
- This work stream is emerging and is included as a national priority but requires further consultation with National DPP team.

Partners and Associate in this Work


Summary of Project Plan and KPI

Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th>Scoping SCN role in 2015/16 Demonstrator programme.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Draft briefings for regional stakeholders.</td>
</tr>
<tr>
<td>Q3</td>
<td>Support evaluation.</td>
</tr>
<tr>
<td>Q4</td>
<td>Preparation for regional 16/17 DPP roll out.</td>
</tr>
</tbody>
</table>
## Project Title: Diabetes 6: Health Education Resources Repository for Health Care Professionals

**Category:** Supporting and enabling the system to be clinically led, patient focused and evidence based / Improving quality of care

### Description

Following the success of the previous work stream on supporting self-care for patients living with diabetes which identified the need for the development of a centralised repository for information and educational resources on diabetes which could be accessed easily by healthcare professionals from the region and beyond. It is the intention that this will be maintained as an ongoing centralised resource for health care professionals, which will promote collaborative working and the sharing of educational resources and information.

### Priority Areas

This work stream has been identified as a priority by the multi-disciplinary, region-wide membership of the Diabetes Self Care Task & Finish Group and is aligned with Domain 1 of the Outcomes Framework 1a, 1b, 1.1,4,5 and The Forward View into Action: Planning for 2015-16.

### Outcomes

This work stream facilitates health care professionals to empower patients living with diabetes to self-manage their long-term condition effectively. Through effective self-management, people with diabetes can improve their quality of life and reduce their risk of developing complications. It can also help to prevent hospital admissions, or make those times when they do need to go into hospital a better experience, with a reduced length of stay.

### Role of the SCN

The SCN will lead on the identification of relevant educational resources and the development of a centralised storage repository and web page facility. Once these resources have been uploaded onto the website, the SCN will work collaboratively with our stakeholders to promote the use of this resource and to ensure that it is maintained and kept up to date through regular engagement with stakeholders. The SCN will also encourage and facilitate collaborative working and the sharing of resources between different localities within the region.

### Partners and Associate in this Work

CCG commissioners, Community Providers, CCGs, acute providers, Diabetes UK (DUK).

### Summary of Project Plan and KPI

#### Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th>Identification of relevant educational resources available from across the region and beyond through engagement and collaborative work with stakeholders;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Collation of resources into a central repository ready for uploading onto SCN web page;</td>
</tr>
<tr>
<td>Q3</td>
<td>Publicising of educational resources available for health care professionals via SCN web site;</td>
</tr>
<tr>
<td>Q4</td>
<td>Measuring effectiveness of the central repository for educational resources for health care professionals.</td>
</tr>
</tbody>
</table>
Project Title: Diabetes 7: Innovation Programme with AHSN

Category: Improving quality of care

Description
Create a Diabetes innovation event programme and how to guide for delegates in partnership with the AHSN showcasing the best in Yorkshire and the Humber diabetes innovation for an audience of Commissioners and Clinical Leads. We will identify potential pilot projects for partnership work with the AHSN.

Priority Areas
Example of collaborative work with AHSN required nationally, meets need of CCG commissioners looking for efficiency and improved outcomes through innovation in Diabetes Care.

Outcomes
- The event will showcase the best of Diabetes Service innovation in the region;
- We will create a how to guide for a range of service innovation programmes for delegates;
- We will identify potential pilot projects for partnership work with the AHSN.

Role of the SCN
We will identify appropriate innovation projects. Organise the programme, create resources for delegates and wider audience and project manage the event in partnership with the AHSN.

Partners and Associate in this Work
AHSN, Acute and community trusts, primary care, CCGs, Diabetes UK.

Summary of Project Plan and KPI
Main activities and milestones

| Q1 | ● Scope event fully with AHSN;  
|    | ● Draft agenda and approach providers for innovation projects;  
|    | ● Event management. |

| Q2 | ● Finalise agenda;  
|    | ● Begin to develop template for how to resource pack;  
|    | ● Establish principals for pilot work with AHSN. |

| Q3 | ● Finalise how to resource pack;  
|    | ● Deliver event;  
|    | ● Identify pilot project(s) with AHSN. |

| Q4 | ● Evaluate event and scope pilot work. |
Project Title: Diabetes 8: Diabetic Care in Care Homes

Category: Improving quality of care

Description
A series of Education events and collation of educational resources to support the improvement of diabetic care in Care Homes.

Priority Areas

Outcomes
- Reduction in avoidable admissions related to diabetes, specifically Hypoglycaemia;
- Improved confidence of residential care staff in managing and recognising the complications of diabetes;
- Improved care of older diabetic population.

Role of the SCN
Collaborative working with CCGs and local authorities to identify localities. Overall organisation of the event, communication with localities, collation of resources and creation of online resource following completion of the event. Evaluation to identify improvements.

Partners and Associate in this Work
Local Authorities, CCGs, DOH funded Skills for Care

Summary of Project Plan and KPI
Main activities and milestones

Q1
- Identify Localities for future events;
- Identify local contacts and programme development leads and scope events.

Q2
- Project and event management arrangements e.g. promotion, booking, registration;
- Finalise agendas.

Q3
- Deliver events;
- Evaluate;
- Event legacy resources created for localities.

Q4
- Evaluate long term effects in terms of reductions in emergency admissions due to hypoglycaemia and confidence of staff in managing diabetic patients.
Project Title: Yorkshire and the Humber HASS resilience Review

Description
The SCN is providing support to a review of Hyper-Acute Stroke Services (HASS) to the three sub-regions, and coordinating a Yorkshire and the Humber approach.

Priority Areas
The Five Year Forward view highlights stroke as a priority area.

The Forward View into Action: Planning for 2015-16:
For specialised care where quality and patient volumes are strongly related, such as trauma, stroke and some surgery, the NHS will continue to move towards consolidated centres of excellence.

In addition, the three sub regional commissioning fora have each identified the need to undertake an assurance process to ascertain the resilience of the current stroke HASS model. This has been exacerbated due to problems encountered in sustaining a 24/7 service across the patch.

Outcomes
Assurance that the HASS are resilient and sustainable in Yorkshire and the Humber. This will be evidenced through the stroke assurance process (SQUINs) and where necessary external peer review.

Role of the SCN
Each sub region will maintain its own project plan. This will be supported by close working relationships between the SCN Network Manager and the Programme Directors, with input and advice from the SCN Stroke Clinical Leads. The SCN have been approached to support a co-ordinated approach regarding:

- Contingency planning/business continuity; Benchmarking data; Workforce; Repatriation process; including Early Supported Discharge, Standards for providers.

Partners and Associate in this Work
CCG Collaborative programmes, CSU, Providers, Clinicians, Senate, NHS England (Yorkshire and the Humber).

Summary of Project Plan and KPI
Main activities and milestones

Q1
- Data Packs completed for each sub-region;
- Support WT HASS Event and report development;
- External Review of Scarborough service model;
- Undertake provider visits in South Yorkshire, North Yorkshire and Humber;
- Yorkshire and the Humber CCG Collaborative Meeting to determine structure of Yorkshire and the Humber Review.

Q2
- Scoping and agreeing SCN Offer and ensuring governance alignment.
- Stakeholder engagement
- Initiate work on 5 key areas—project plans agreed

Q3
- Delivery of agreed plans

Q4
- Consolidation of plans and work priorities for 16/17
**Project Title: SQUINS Self-Assessment System**

**Category:** 1. Improving Quality of Care / 2. Supporting and enabling the system to be clinically led, patient focussed and evidence based.

**Description**

Review the SQuINS annual peer review system for 2015 (branding and content local to Yorkshire and the Humber SCN) and ensure “fit for purpose” for subsequent years - the SQuINS system is the stroke quality assurance mechanism for CCGs based on original Annual Peer Review.

**Priority Areas**

SQUiNS has contributed to the HASS resilience review work within the Yorkshire and the Humber region. Consultation is required to determine if peer review and self assessment remains a CCG priority in 2015-16.

**Outcomes**

A quality assurance system for stroke that is responsive to national and regional CCG requirements.

**Role of the SCN**

- Undertake a consultation exercise with stakeholders to determine the added benefit and ongoing requirements of the SQUiNS system;
- Ensure QA is appropriately embedded within the healthcare system in regards to administration and governance.

**Partners and Associate in this Work**

Mayden Health (developers and service support), CCGs, provider trusts, Clinical Directors.

**Summary of Project Plan and KPI**

**Main activities and milestones**

| Q1 | - Meet with Developers to work through required changes to SQuINS system;  
|    | - Produce position paper for SMT. |
| Q2 | - Consultation Exercise;  
|    | - Options appraisal and recommendations. |
| Q3 | - Recommendations to CCGs and other appropriate stakeholders. |
| Q4 | - Approved way forward. |
Project Title: Atrial Fibrillation in Stroke Prevention

Category: 1. Improving Quality of Care / 2. Supporting and enabling the system to be clinically led, patient focussed and evidence based

Description
Contribute to reducing the number of strokes across the Yorkshire and the Humber Region by establishing mechanisms for identifying the current activity around the risk assessing of AF patients (including current anticoagulation rates and service provision) and, by linking in with existing or newly formed CCG’s CCG collaboratives to offer support in the planning and delivery of this work.

Priority Areas
Five Year Forward View. NHS Outcomes Framework. Healthy Futures Programme.

Outcomes
- An increase in the overall anticoagulation rates for people with Atrial Fibrillation thereby reducing significantly the number of AF preventable strokes in our region.

Role of the SCN
To support CCGs with resources to support the identification and management of AF through benchmarking information and sharing resources and best practice from the comprehensive work undertaken by the Healthy Futures programme.

Partners and Associate in this Work

Summary of Project Plan and KPI
Main activities and milestones

| Q1 | • Continue to support the West Yorkshire Health Futures programme in the delivery of their AF strategy;  
|    | • Develop joint working with AHSN. |
| Q2 | • Benchmarking to identify CCGs with that would suggest low NOAC uptake to review current AF and anticoagulation services;  
|    | • Support sub regional arrangements to work with identified CCGs. |
| Q3 | • Engage with GP Leaders and clinical champions to raise profile of work. |
| Q4 | • Consolidate and evaluate interventions. |
**Project Title: CVD Prevention Strategy 2015 - 2018**

Category: 1. Improving Quality of Care / 2. Supporting and enabling the system to be clinically led, patient focussed and evidence based

**Description**

To produce a comprehensive Yorkshire and the Humber wide strategic approach to prevention of cardiovascular disease that will support CCGs through:

- Creating the vision for CCGs to own;
- Identifying the big impact schemes for CCGs to prioritise where there is the greatest opportunity for transformation;
- Outlining the required partnership approach to secure delivery and collaborative opportunities.

**Priority Areas**


**Outcomes**

- Reduced number of avoidable deaths (under 75’s) due to CVD that are preventable and amendable to healthcare;
- Reduce the number of CVD events through targeted improvement interventions in cardiac, stroke, renal and diabetes.

**Role of the SCN**

- Provide primary care, secondary care and public health expertise to develop a localised prevention, detection and management strategy regarding cardiovascular disease based on current evidence and best practice;
- Identify the opportunities and resources currently available to Commissioners to consider the position on key areas within CVD for their population which can be addressed through working at either a local level or, by seeking to describe the opportunities for working collaboratively at a sub-regional and regional level in order to achieve maximum benefit and utilisation of resources;
- The strategy will set out a framework for action focusing on four priority areas for 2015/16 describing the principles, preparation, programme development, resources and evaluation;
- Develop a GP leadership model to support implementation of the strategy.

**Partners and Associate in this Work**

Public Health England, Clinical experts, CCG commissioners, Local Authorities, health & Well Being Boards, National Clinical Director, Peer groups and SCNs

**Summary of Project Plan and KPI**

<table>
<thead>
<tr>
<th>Q1</th>
<th>Work with clinical and public health leads to develop the strategy and 15/16 work priority areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Finalise the strategy and priority work areas and mobilise to CCGs;</td>
</tr>
<tr>
<td></td>
<td>Establish model for GP leadership.</td>
</tr>
<tr>
<td>Q3</td>
<td>Launch strategy through sub regional events and identify opportunities with other health and local authority organisations to maximise opportunities for delivery at scale and reduce duplication.</td>
</tr>
<tr>
<td>Q4</td>
<td>Finalise 16/17 work programme.</td>
</tr>
</tbody>
</table>
The Children’s and Maternity SCN is a completely new network. The SCN Manager and Clinical Leads have established a Children’s and Maternity SCN Executive Group with an emphasis on engaging stakeholders, building a support team and identifying priorities for the years ahead.
**Project Title: Review of Children's Clinical Service Configurations across Yorkshire and the Humber**

**Category:** Improvement programmes focused on the patient pathway

**Description**
Support CCG Commissioners and where required, NHS England Specialised Commissioners, in programmes of work to review the sustainability of children’s services and provision and children’s service configurations.

**Priority Areas**
- NHS Outcomes Framework 2015/16;
- Public Health Outcomes Framework 2015/16;
- Five Year Forward View;
- NHS England – North priority;
- Yorkshire and the Humber priority.

**Outcomes**
- Reductions in childhood mortality;
- Improved clinical outcomes;
- Improved patient and carer experience;
- Delivery of safe, sustainable, local paediatric and neonatal services through the development of coherent, high quality service models;
- Share learning with stakeholders outside Yorkshire and the Humber.

**Role of the SCN**
- Support NHS England Specialised Commissioners and CCG Commissioners in programmes of work to review clinical service configurations;
- Understand the implications of NHS England specialised paediatric and neonatal CRG service specifications across Yorkshire and the Humber;
- Work with NHS England North (Yorkshire and the Humber) Clinical Strategy Team and CCG Commissioners to support, when indicated, clinical service configuration programmes;
- Support the SY&B, North Derbyshire and Mid Yorkshire CCG commissioners on the ‘Working Together’ clinical services review of Paediatric Services’ commencing in January 2014;
- Support the WY and HaRD CCGs Healthy Futures Paediatric Programme covering LAC / CAMHS and WY Paediatric workforce review.

**Partners and Associate in this Work**
Provider trusts, CCG Commissioners, NHS England Specialised Commissioning, local authorities, Paediatric services, Neonatal and PICU ODN, C&YP.

**Summary of Project Plan and KPI**
**Main activities and milestones**

| Q1 - Q4            | Support working together collaborative paediatric programme and 10CC healthy futures paediatric programme. |
**Project Title: Children and Young People’s Mental Health and Wellbeing across Yorkshire and the Humber**

**Category:** Improvement programmes focused on the patient pathway

**Description**
Producing a whole child and whole family approach with the removal of current tier systems and the development of whole pathways across education, Social Care, health and justice.

**Priority Areas**
- NHS Outcomes Framework 2015/16;
- Five Year Forward View;
- NHS Mandate 2015/16;
- NHS England Business Plan 2015/16;
- NHS England – North priority, Yorkshire and the Humber priority.

**Outcomes**
- Formation of Clinical Expert Group (CEG) for Emotional Health and Wellbeing, including CAMHS;
- Support and facilitation of NHS England and Yorkshire and the Humber Commissioners of Emotional Health and Wellbeing of Children services / CAMHS to implement the recommendations of Future in Mind, improve transition between CAMHS and adult services and develop and further implement CYP IAPT.

**Role of the SCN**
- The SCN will host the Yorkshire and the Humber CAMHS Steering Group and identify appropriate representation to support the EH&WB / CAMHS work programme including the development of Transformation Plan guidance documentation, establishment of Yorkshire and the Humber Lead Commissioner network, organisation of events including : Transformation Plan events, Tier 4 Access Assessor Event and Intensive Intervention Services / Tier 3.5 National Learning Event;
- Support the Healthy Futures LAC / CAMHS work programme and its extension across H&NY and SYB CCG Collaborative Commissioners;
- Ensure application of Transition Work Programme outputs to EH&WB / CAMHS.

**Partners and Associate in this Work**
Yorkshire and the Humber MHDN SCN, Public Health England, DCSs, local authority, Education, Justice, NHS England Specialised Commissioning, CCG Commissioners and providers, C&YP.

**Summary of Project Plan and KPI**
Main activities and milestones

| Q1 | Review representation at steering group; develop CAMHS Clinical Expert Group (CEG), co-ordinate Local Transformation Plan (LTP) guidance toolkit and host Tier 4 Access Assessor Event. |
| Q2 | Collate LTP guidance toolkit returns, establish and develop lead commissioner forum, host regional transformation plan events and co-host Intensive Intervention Services (Tier 3.5) National Learning Event. |
| Q3 | Support organisations with transformation plan development / delivery. |
| Q4 | Continue to support organisations with transformation plan delivery. |
Project Title: Transition of Children and Young People (C&YP) to adult services: Young People Friendly Care

Category: Improvement programmes focused on the patient pathway

Description
Improving Transition of C&YP from Children’s Services to Adult Services through developing sustainable models of Transition and tools for providers and commissioners across Yorkshire and the Humber.

Priority Areas
- NHS Outcomes Framework 2015/16;
- NHS England – North priority;
- Yorkshire and the Humber priority.

Outcomes
- Development of evidenced based, systematic approach to the provision of transitional systems for C&YP to adult care;
- Support collaborative working in order to respond and meet the needs of C&YP as they transition to adult services;
- Provide a generic approach to transition which can be used by all Providers and Commissioners to improve quality of care and develop a patient centred approach;
- All Children and Young People and their families are involved in the transition of their care to adult services.

Role of the SCN
- Undertake regional benchmarking across provider Trusts and CCG commissioners;
- Establish task and finish group; identify and agree membership, TOR and scope of programme;
- Contribute to the SCN National Transition Forum;
- Contribute to local transition forums/groups where appropriate;
- Develop measure for children and young people’s outcomes and experience.

Partners and Associate in this Work
Provider Trusts, NHS England and CCG Commissioners, Primary Care, London South Bank University, Great Ormond Street Hospital, National SCN Forum, local authority, Public Health England, Voluntary Organisations and Charities, York University and National Paediatric Diabetes Working Group, C&YP.

Summary of Project Plan and KPI
Main activities and milestones

| Q1 | • Completion and development of actions from March task and finish group;  
  • Develop proposal for SCN forum in collaboration with North of England SCNs;  
  • Develop partnership working with Transition research study;  
  • Second Task and Finish Group. |
| Q2 | • Task and Finish Group meeting x 2. |
| Q3 | • Task and Finish Group meeting. |
| Q4 | • Task and Finish Group meeting.  
  • Launch Event |
**Project Title: Children's: Long Term Conditions - Asthma**

Category: Improving quality of care

**Project Title and Description**

Scoping of asthma work in the region and sharing learning and best practice.

**Priority Areas**

- NHS Outcomes Framework 2015/16;
- Public Health Outcomes Framework 2015/16;
- NHS England – North priority;
- Yorkshire and the Humber priority.

**Outcomes**

- Identify and reduce system wide variation;
- Implementation of revised service models, where appropriate;
- Improved patient and carer experience.

**Role of the SCN**

- Scope previous initiatives and their current status;
- Identify system wide variation and confirm priorities;
- Identify / develop an evidenced based, systematic approach to the care of children with LTC’s;
- Identify Best Practice for management of LTCS;
- Produce draft reports and recommendations for commissioners;
- Establish task and finish group / event to implement and take forward recommendations and actions.

**Partners and Associate in this Work**

Provider Trusts, CCG Commissioners, Primary Care, Asthma UK, National SCN Paediatric Asthma Group, Local Authorities and Public Health, C&YP.

**Summary of Project Plan and KPI**

Main activities and milestones

| Q1 | • Finalise scoping report;  
|    | • Presentation of findings to Commissioner Forum;  
|    | • Asthma management and services workshop planning. |

| Q2 | • Asthma management and services workshop;  
|    | • Actions to be identified at workshop. |

| Q3 | • Taking forward actions. |

| Q4 | • Taking forward actions. |
Project Title: Children’s: SCN Organisational Development

Category: Supporting and enabling the system to be clinically led, patient focused and evidence based

Project Title and Description
The SCN will establish the principles, processes and mechanisms required to underpin and deliver the SCN work programme in the most cost and resource effective and efficient manner.

Priority Areas
- NHS England Business Plan 2015/16;
- Five Year Forward View;

Outcomes
Systems management leading to effective governance of the Children’s SCN, improved Clinical leadership, improved coordination between children’s services; and enhanced communication and collaboration between commissioners.

Role of the SCN
The Children’s SCN team provides the following support to enable the network to function:
- Lead and support Children’s Strategy Group and Yorkshire and Humber Children’s Clinical Expert Group, Yorkshire and the Humber Children’s and Maternity Commissioner Forum, Task & Finish groups for (CAMHS), Children’s Surgery and Anaesthesia, Transition of C&YP to Adult services and LTC’s – Asthma;
- Identify appropriate model for engagement with CYP. Lead and support whole system stakeholder engagement across the Yorkshire and the Humber Children’s and Maternity work programme including collaborative system wide initiatives e.g. "Best start" and ‘Future in Mind;
- Develop SCN website, E-bulletins and Webinars to enhance communication, share best practice;
- Support improvements in data collection and analysis, develop and maintain relationships with ChiMat, and contribute to the national CHIMAT Expert Reference Group for Children;
- Ensure leadership and development of Children’s Team to support work programme and stakeholders.

Partners and Associate in this Work
NHS England and CCG Commissioners, providers, Public Health England, local authorities, Public Health, third sector / voluntary agencies ODNs, CYP.

Summary of Project Plan and KPI
Main activities and milestones

Q1-4 During the whole year the commitment is as follows:
- Lead and support Children’s Strategy Group x 4;
- Lead and chair the Yorkshire and the Humber Children’s Clinical Expert Group x 4;
- Lead and chair the Yorkshire and the Humber Children’s and Maternity Commissioner Forum x 6 (shared with Maternity);
- Lead and chair Yorkshire and the Humber SCN SMT x 6 (shared with Maternity);
- Lead and support Task and Finish groups for (CAMHS), Children’s Surgery and Anaesthesia, Transition of C&YP to Adult services and LTC’s – Asthma (x 4 - 6);
- Contributor to CHIMAT Children’s Expert Reference Group x 6;
- Develop SCN website, e-bulletins to share best practice / network x 4, PPE Event for Children x1.
## Project Title: Review of Children’s Surgery and Anaesthesia services across Yorkshire and the Humber

**Category:** Improvement programmes focused on the patient pathway

### Description

The programme aims to ensure that all children’s surgery and anaesthesia is carried out in a safe and sustainable way as close to the patients home as possible.

### Priority Areas

- NHS Outcomes Framework 2015/16;
- Public Health Outcomes Framework;
- NHS England – North priority;
- Yorkshire and the Humber priority.

### Outcomes

- Reduction in variation in surgical provision and commissioning across the region;
- Regionally agreed standards evidence based sustainable models of care in line with standards;
- Development of a regional service specification;
- Improved user experience; Alignment with and integration of emerging collaborative CCG programmes.

### Role of the SCN

- Data collection regarding current services including activity, workforce, provision, throughput and facilities. Development and sharing output documentation with stakeholders;
- Review current published Surgery and Anaesthesia standards; agree core and developmental standards and benchmark and RAG rate providers against the standards;
- Support development of clinical thresholds and service specification for Children’s Surgery and Anaesthesia;
- Support the identification of options for Yorkshire and the Humber Children’s Surgery and Anaesthesia service models;
- Work with PPE representatives to determine current user experience and how this can be improved;
- Develop measure for child and parent experience.

### Partners and Associate in this Work

Provider Trusts, CCG Commissioners / collaboratives, NHSE Specialised Commissioners, Service users, Yorkshire Ambulance Service and Embrace, Neonatal and PICU ODNs and CRGs, C&YP.

### Summary of Project Plan and KPI

**Main activities and milestones**

| Q1 | Collection, collation and validation of theatre and workforce data from all trusts in the region; |
|    | RAG rate of trusts against current standards. |
| Q2 | Collation of Trust risks and issues in the region and workforce data analysis; |
|    | Developing and testing Y&H thresholds for surgery and anaesthesia; |
|    | Development of CYP standards / charter; |
|    | Agree the governance arrangements for CCG collaborative and SCN work programmes. |
| Q3 | Report review findings to commissioners; |
|    | Agreement of regional standards and development of guidance to support implementation of regional standards. |
| Q4 | Support commissioners in work to implement agreed recommendations; facilitate Outcome Event. |
**Project Title: Maternity Services Configuration**

**Category:** Improvement programmes focused on the patient pathway

### Description

Support CCG Commissioners and where required, NHS England Specialised Commissioners, in programmes of work to review the sustainability of maternity services and provision and maternity service configurations.

### Priority Areas

- Five Year Forward View NHS Outcomes Framework 2015/16;
- NHS Mandate 2015/16;
- NHS England Business Plan;
- Support the work resulting from the National Review of Maternity Care;
- Yorkshire and the Humber priority.

### Outcomes

Sustainability of maternity services.

### Role of the SCN

Support CCG Commissioners and where required, NHS England Specialised Commissioners, in reviewing maternity services.

### Partners and Associate in this Work

CCG Commissioners, Specialised Commissioners, provider trusts, local authorities, Paediatric services, Neonatal ODN.

### Summary of Project Plan and KPI

**Main activities and milestones**

<table>
<thead>
<tr>
<th>Q1</th>
<th>No work currently planned.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td>Review outcome of national review of maternity care and implications for Yorkshire and the Humber.</td>
</tr>
</tbody>
</table>
Project Title: Maternity: Stillbirths

Improving quality of care

Project Title and Description

Aim to reduce stillbirths, reduce the regional variation and improve bereavement care and service user experience.

Priority Areas

- NHS Outcomes Framework 2015/16;
- Public Health Outcomes Framework;
- National Clinical Director for Maternity priority;
- NHS England priority, Yorkshire and the Humber priority.

Outcomes

- Reduction in stillbirth rates across Yorkshire and the Humber;
- Reduction in regional variation;
- Improved service user experience.

Role of the SCN

Facilitate the Yorkshire and the Humber Stillbirth Task & Finish Group, develop and support implementation of Stillbirth and Bereavement Care Recommendations, co-ordinate the approval process and support engagement with Commissioners and Maternity Clinical Expert Group and Maternity Strategy Group, monitor stillbirth rates to identify variation / outliers, support early implementation of the National Stillbirth Care Bundle, support the development and implementation of a standardised perinatal audit review tool and support user experience feedback.

Partners and Associate in this Work

CCG Commissioners, provider trusts, Public Health England, local authority Public Health, Charities e.g. SANDS, National Domain 5 Team, NHS England – North, Service Users.

Summary of Project Plan and KPI

Main activities and milestones

Q1

- Produce final draft of the Yorkshire and the Humber Stillbirth and Bereavement Care Recommendations and gain approval of the recommendations from Maternity Clinical Expert Group and Commissioners;
- Support the 11 pilot sites on the implementation of the National Stillbirth Care Bundles;
- Support the SaBiNE project (Saving Babies in the North of England) and RCOG ‘Each Baby Counts’ project – RCOG attendance at Maternity CEG in June;
- Develop data collection tools (see Maternity Dashboard section).

Q2

- Gain final approval for the Yorkshire and the Humber recommendations from the Maternity Strategy Group;
- Facilitate two engagement events in July and September to support the national care bundle and launch the Yorkshire and the Humber Stillbirth and Bereavement Care Recommendations;
- Continue to be involved in national and regional work, particularly in development of a stillbirth peer review process.

Q3

- Stillbirth Task & Finish Group to consider ways of assessing implementation and outcome measures.

Q4

- Review progress of pilot sites against implementation of national stillbirth care bundle, in preparation for national launch.
<table>
<thead>
<tr>
<th>Project Title: Maternity - Term Baby Admissions to Neonatal Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category: Improving quality of care</td>
</tr>
</tbody>
</table>

**Description**

Work with the Yorkshire and the Humber Neonatal ODN to support NHS England Specialised Commissioners with the ‘Admission of Term Babies to Neonatal Care’ project.

**Priority Areas**

- NHS Outcomes Framework 2015/16;
- NHS England – North priority;
- Yorkshire and the Humber priority.

**Outcomes**

- Reduction of avoidable admissions to Neonatal Units (NNU);
- Prevention of deterioration of babies’ clinical condition and cycle of intervention;
- Maximised use of neonatal capacity;
- Improved care to babies;
- Improved family experience.

**Role of the SCN**

- Work with the Yorkshire and the Humber ODN and NHS England Specialised Commissioners to deliver the programme;
- Liaise with the National Patient Safety Team to support the national Term Baby Project and avoid duplication with the Yorkshire and the Humber work;
- Support the development of an audit tool to undertake a prospective audit to assess reasons for admissions in Yorkshire and the Humber Support user experience feedback.

**Partners and Associate in this Work**

Yorkshire and the Humber Neonatal ODN, NHS England Specialised Commissioners, National Patient Safety Team, CCG Commissioners, Provider Trusts – maternity and neonatal, Charities e.g. BLISS.

**Summary of Project Plan and KPI**

Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th>Work with the Neonatal ODN to develop a Term Baby Admission prospective audit tool;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Facilitate the Term Baby Task &amp; Finish Group;</td>
</tr>
<tr>
<td></td>
<td>Link with the national team to support the national Term Baby Project.</td>
</tr>
<tr>
<td>Q2</td>
<td>Work with the ODN to undertake and test a two week snapshot audit.</td>
</tr>
<tr>
<td>Q3</td>
<td>TBA</td>
</tr>
<tr>
<td>Q4</td>
<td>TBA</td>
</tr>
</tbody>
</table>
**Project Title: Maternity: Perinatal Mental Health**

Category: Improvement programmes focused on the patient pathway

**Description**

Work with Mental Health, Dementia and Neurological Conditions SCN and wider stakeholders to assess current service provision and develop best practice recommendations for Yorkshire and the Humber.

**Priority Areas**

- Five Year Forward View;
- NHS England Business Plan 2015/16;
- NHS Outcomes Framework 2015/16;
- National Clinical Director for Maternity priority;
- NHS England – North priority;
- Yorkshire and the Humber priority.

**Outcomes**

- Improved service provision;
- Reduction in regional variations in perinatal mental health care;
- Improved data collection and reporting;
- Improved training provision;
- Improved user and family experience.

**Role of the SCN**

- Work with Mental Health, Dementia and Neurological conditions SCN on PNMH project to assess current service provision and practice across Yorkshire and the Humber, assess prevalence for Yorkshire and the Humber and improve data quality and reporting and develop best practise recommendations for Yorkshire and the Humber;
- Provide a link with any national work being undertaken to avoid the risk of duplication;
- Assess current training provision and develop recommendations for consistency in training provision;
- Consider methods of feedback for improved user and family experience and support. Assess current practice.

**Partners and Associates in this Work**

National Mental Health Taskforce, Yorkshire and the Humber MHDN SCN, CCG Commissioners, Specialised Commissioners, acute provider trusts, Mental Health trusts, Public Health England, local authority, Primary Care, third party organisations.

**Summary of Project Plan and KPI**

Main activities and milestones

| Q1 | Hold first PNMH Task & Finish Group; |
|    | Prepare PNMH workshop output report, agree project proposal and terms of reference. |
| Q2 | Present an overview of the state of PNMH for the region and establish project priorities for Yorkshire and the Humber and plan next steps. |
| Q3 | Facilitate PNMH stakeholder engagement event on Yorkshire and the Humber priorities; PNMH Task & Finish Group to develop an action plan / recommendations following event. |
| Q4 | Facilitate a stakeholder event to communicate actions / recommendations. |
Project Title: Maternal Morbidity and Critical Care

Category: Improving quality of care

Project Title and Description

Aims to identify areas for the improvement in outcomes and experience of mothers requiring critical care support.

Priority Areas

- NHS Outcomes Framework 2015/16;
- National Clinical Director for Maternity priority;
- Yorkshire and Humber priority.

Outcomes

- Reductions in the level of avoidable maternal morbidity;
- Evidence of improved medical management of sick mothers;
- Improved experience of sick mothers.

Role of the SCN

- Review previous work of the WY Maternal Critical Care Network and identify areas of priority for the improvement in outcomes and experience of mothers requiring critical care support;
- Review, agree and share competencies for midwives for implementation across Yorkshire and the Humber;
- Review and share education programmes across Yorkshire and the Humber.

Partners and Associate in this Work

CCG Commissioners, provider trusts – maternity and anaesthetics, Critical Care ODN, Public Health England, service users.

Summary of Project Plan and KPI

Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th>● No work currently planned for Q1.</th>
</tr>
</thead>
</table>
| Q2       | ● Commence benchmarking activity for Yorkshire and the Humber-wide;  
|          | ● Start to identify stakeholders for improvement work. |
| Q3       | ● Continue to benchmark care provision;  
|          | ● Establish Maternal Critical Care Task & Finish Group. |
| Q4       | ● Facilitate a stakeholder engagement event to identify Yorkshire and the Humber priorities. |
**Project Title:** Yorkshire and the Humber Maternity Dashboard  
**Category:** Supporting and enabling the system to be clinically led, patient focused and evidence based

**Project Title and Description**  
Development of a Yorkshire and the Humber-wide Maternity Dashboard to enable identification of variation and outcomes to support improvement in quality of maternity care.

**Priority Areas**  
Yorkshire and the Humber priority.

**Outcomes**  
- Improved ability to compare maternity service clinical indicators and outcomes;  
- Reduction in variation of clinical indicators across Yorkshire and the Humber.

**Role of the SCN**  
- Develop collectively with commissioners and providers a Yorkshire and the Humber Maternity Dashboard template.  
- Develop a project strategy to support the process for sharing the data.  
- Agree a mechanism for reviewing data and the identification of variation and potential work programme priorities.

**Partners and Associate in this Work**  
CCG Commissioners, provider trusts, Public Health England, SCN data analysts.

**Summary of Project Plan and KPI**  
Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
</tr>
</thead>
</table>
| • Produce Yorkshire and the Humber Maternity Dashboard and the three associated documents to support its implementation and process;  
• Seek approval of the four documents at Maternity CEG and Commissioners Forum. |

<table>
<thead>
<tr>
<th>Q2</th>
</tr>
</thead>
</table>
| • Seek final approval for the four Yorkshire and the Humber Maternity Dashboard documents from the Maternity Strategy Group;  
• Request two pilot sites from provider trusts to test the dashboard;  
• Facilitate a stakeholder engagement event to launch the Yorkshire and the Humber Maternity Dashboard – September 2015. |

<table>
<thead>
<tr>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work with the SCN data analysts to collate Q1 data.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work with the SCN data analysts to collate Q2 data.</td>
</tr>
</tbody>
</table>
**Project Title: Maternity: SCN Organisational Development**

**Category:** Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**
The SCN will establish the principles, processes and mechanisms required to underpin and deliver the SCN work programme in the most cost and resource effective and efficient manner.

**Priority Areas**
- NHS England Business Plan 2015/16;
- Five Year Forward View;

**Outcomes**
Systems management leading to effective governance of the Maternity SCN, improved Clinical leadership, improved coordination between children’s services; and enhanced communication and collaboration between commissioners.

**Role of the SCN**
The Maternity SCN team provides the following support to enable the network to function:
- Identify appropriate model for engagement with women and their families. Lead and support whole system stakeholder engagement across the Yorkshire and the Humber Children’s and Maternity work programme including collaborative system wide initiatives e.g. “Best start” and ‘Future in Mind;’
- Develop SCN website, E-bulletins and Webinars to enhance communication, share best practice;
- Support improvements in data collection and analysis, develop and maintain relationships with ChiMat, and contribute to the national CHIMAT Expert Reference Group for Maternity and Neonates;
- Ensure leadership and development of Maternity Team to support work programme and stakeholders.

**Partners and Associate in this Work**

**Summary of Project Plan and KPI**
Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th>During the whole year the commitment is as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lead and support Maternity Strategy Group x 4;</td>
</tr>
<tr>
<td></td>
<td>Lead and chair the Yorkshire and the Humber Maternity Clinical Expert Group x 4;</td>
</tr>
<tr>
<td></td>
<td>Lead and chair the Yorkshire and the Humber Children’s and Maternity Commissioner Forum x 6 (shared with Children);</td>
</tr>
<tr>
<td></td>
<td>Lead and chair Yorkshire and the Humber SCN SMT x 6 (shared with Children);</td>
</tr>
<tr>
<td></td>
<td>Lead and support Task &amp; Finish groups for (Stillbirths, Term Babies, Perinatal Mental Health, Maternal Critical Care and Yorkshire and the Humber Maternity Dashboard;</td>
</tr>
<tr>
<td></td>
<td>Contributor to CHIMAT Maternity and Neonatal Expert Reference Group x 6;</td>
</tr>
<tr>
<td></td>
<td>Develop SCN website, e-bulletins to share best practice / network x 4.</td>
</tr>
</tbody>
</table>
The mental health, dementia and neurological conditions networks are completely new. The SCN Manager and Clinical Leads have been identifying those interested in, and already cooperating on, these topics across Yorkshire and the Humber and formulating priorities for these new network areas.
### Project Title: Neurology 1: Improve access to timely assessment, diagnosis and treatments for Headache Management

Improvement programmes focused on the patient pathway

### Description
To develop a best practice headache pathway of care (diagnosis and management) in primary and secondary care, freeing up neurology time for alternative interventions, including rapid access to neurology opinion with complex conditions.

### Priority Areas

Encompasses urgent care, unplanned care and long term conditions, working to improve health outcomes by redesigning care as outlined in the following policies:

- NHS England Business Plan 2015/16;
- The Mandate 2015/16;
- Five Year Forward View;
- NHS Outcomes Framework (LTCs).

### Outcomes

- Reduce neurology related hospital admissions;
- Identify the barriers to good headache management in A&E and Primary Care;
- Reduce the number of headache referrals into neurology outpatient clinics by supporting better management in primary care;
- Work with CCGs to understand how to improve local practice and service provision.

### Role of the SCN

- Improve diagnostic rates and management of headaches in A&E and Primary care;
- Undertake an audit of headache assessments in A&E to establish any educational needs of medics;
- Develop a CCG project proposal plan aimed at improving headache services - initiate the plan once CCGs have agreed to supporting the initiative;
- CCG Commissioner meetings – share best practice and Neurology Intelligent Network information.

### Partners and Associate in this Work

CCGs, providers, Public Health England, Yorkshire and the Humber CS and third sector / voluntary agencies.

### Summary of Project Plan and KPI

| Q1 | Undertake an audit of headache assessments in A&E; |
|    | Develop a CCG project proposal plan aimed at improving headache services- initiate the plan once CCGs have agreed to supporting the initiative. |
| Q2 | Map out services and gap analysis; |
|    | Collate Neurology Intelligent Network information. |
| Q3 | CCG Commissioners’ workshop – sharing progress to date; |
|    | Continue with pathway work; |
|    | Map current headache work undertaken by CCGs. |
| Q4 | Recommendations presented to CCGs / providers. |
### Project Title: Neurology 2: Epilepsy

<table>
<thead>
<tr>
<th>Description</th>
<th>Improvement programmes focused on the patient pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority Areas</strong></td>
<td>Encompasses urgent care, unplanned care and long term conditions, <em>working to improve health outcomes by redesigning care as outlined</em> in the following policies:</td>
</tr>
<tr>
<td></td>
<td>• NHS England Business Plan 2015/16;</td>
</tr>
<tr>
<td></td>
<td>• The Mandate 2015/16;</td>
</tr>
<tr>
<td></td>
<td>• Five Year Forward View;</td>
</tr>
<tr>
<td></td>
<td>• NHS Outcomes Framework (LTCs).</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>• Agreed epilepsy pathway of care;</td>
</tr>
<tr>
<td></td>
<td>• Reduction in the risk of second seizure due to poor medical management;</td>
</tr>
<tr>
<td></td>
<td>• Improve symptom management of epilepsy in Primary and Secondary care;</td>
</tr>
<tr>
<td></td>
<td>• Reduce mortality associated with poor epilepsy management;</td>
</tr>
<tr>
<td></td>
<td>• Improved understanding of the data associated with epilepsy.</td>
</tr>
<tr>
<td><strong>Role of the SCN</strong></td>
<td>• Develop a task and finish group to take forward the epilepsy pathway work, linked to the national work;</td>
</tr>
<tr>
<td></td>
<td>• Develop a PID to support CCG engagement and sign up to improvement work;</td>
</tr>
<tr>
<td></td>
<td>• Improve access to epilepsy education and training for GPs;</td>
</tr>
<tr>
<td></td>
<td>• Improve symptom management and management of epilepsy in secondary Care;</td>
</tr>
<tr>
<td></td>
<td>• Support the epilepsy nurse model (support symptom management) in both primary and secondary care;</td>
</tr>
<tr>
<td></td>
<td>• Improved pathway of care and medicines management.</td>
</tr>
</tbody>
</table>

### Partners and Associate in this Work

CCGs, providers, Public Health England, Yorkshire and the Humber CS and third sector / voluntary agencies.

### Summary of Project Plan and KPI

<table>
<thead>
<tr>
<th>Main activities and milestones</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1</strong></td>
<td>• Develop a PID to support CCG engagement and sign up to Improvement work;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Develop a Task &amp; Finish Group to take forward the epilepsy pathway work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q2</strong></td>
<td>• Develop a Task &amp; Finish Group in relation to GP education / outline programme;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Develop symptom management guidance for secondary care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q3</strong></td>
<td>• As per Q2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q4</strong></td>
<td>• Publish proposals / recommendations on the epilepsy pathway for Yorkshire and the Humber.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Project Title: Neurology 3: Improve access to neuro-rehabilitation**

**Description**
Reduce regional variation in rehab services and identify improvements that support outcomes aimed at facilitating independence for patients with neurological problems.

**Priority Areas**
Encompasses urgent unplanned care and long term conditions, working to improve health outcomes by redesigning care as outlined in the following policies:
- NHS England Business Plan 2015/16;
- The Mandate 2015/16;
- Five Year Forward View;
- NHS Outcomes Framework (LTCs).

**Outcomes**
- Improve outcomes and variation for patients who require rehabilitation;
- Promote cross boundary working between health and social care;
- Reduction in hospital admissions;
- Improved AHP training and education;
- Reduce the risk of functional deterioration from lack of rehab / promote independence.

**Role of the SCN**
Continue to map current rehab related provision to a) understand gaps, b) link work with specialised commissioning to understand all the implications associated with developing service models c) work with local and national leaders to develop examples of good practice models that span acute, primary and community care d) Work with other SCN teams / wider agencies to develop coordinated systems and services e) develop a regional rehab group with the ODNs and SCN and e) Improve understanding of neuro-rehab across organisations.

**Partners and Associate in this Work**

**Summary of Project Plan and KPI**
Main activities and milestones

| Q1 | • Map current rehabilitation to understand gaps;  
   | • Link work with specialised commissioning to understand all the implications associated with developing service models. |
| Q2 | • Work with local and national leaders to develop examples of good practice models;  
   | • Scope capacity and capability of workforce. |
| Q3 | • Continue to develop models of service with NHS England / CCGs as per Q1/2. |
| Q4 | • Recommendations made to CCGs / NHS England. |
### Project Categorisation: Neurology 4: Improve the outcomes for people with Neurological Conditions

**Category:** Improving quality of care

**Description**
Scope the impact and application of impending Neurology Improvement Standards to Yorkshire and the Humber services.

**Priority Areas**

**Encompasses urgent care, unplanned care and long term conditions, working to improve health outcomes by redesigning care as outlined in the following policies:**
- NHS England Business Plan 2015/16;
- The Mandate 2015/16;
- Five Year Forward View;
- NHS Outcomes Framework (LTCs).

**Outcomes**
Commissioner awareness of gaps / variation in current neurology services and the impact of these on patients and their families / carers, thus promoting informed intelligent clinical commissioning in future years.

**Role of the SCN**
- Consult with CCGs in relation to the Neurology Improvement Standards;
- Where requested - audit services against those standards;
- Highlight gaps / variation;
- Share best practice from other SCN areas.

**Partners and Associate in this Work**
NHS England, CCGs. Yorkshire and the Humber CS.

**Summary of Project Plan and KPI**

**Main activities and milestones**

| Q1 | Discuss Neurology Improvement Standards with SCNs in NoE – agree an approach; |
|    | Consult with CCGs in relation to the Neurology Improvement Standards. |
| Q2 | Where requested- audit services against those standards. |
| Q3 | Continuation of auditing services against those standards. |
| Q4 | Highlight gaps / variation and impact; |
|    | Share best practice from other SCN areas. |
### Project Title: Neurology 5: Supporting other agencies / SCNs with neurology related work programmes

**Category:** Improvement programmes focused on the patient pathway

**Description**

**Contribute to programmes of work being done by other agencies namely:**

- Muscular Dystrophy: developing a Neuromuscular pathway for Yorkshire and the Humber;
- Brain and CNS (cancer SCN): Improving pathways into / out of neurology services;
- NHS England QIPP on MS: Recommend best treatment for MS patients;
- End of Life: Support EoL work in the Yorkshire and the Humber network relating to Neurology patients;
- Mental Health SCN: Support functional neurology / Mental Health and neuropsychology interlinks;
- Dementia and those neurological conditions that can result in impaired memory and cognitive ability;
- Voluntary Sector: Support YAHNO in their pathway design / collaborate with improvement initiatives and engage patients in focus groups.

**Priority Areas**

**Encompasses urgent care, unplanned care and long term conditions, working to improve health outcomes by redesigning care as outlined in the following policies:**

- NHS England Business Plan 2015/16;
- The Mandate 2015/16, Five Year Forward View and NHS Outcomes Framework (LTCs).

**Outcomes**

To ensure a collaborative approach is shared between organisations that may be working directly or indirectly to Improve outcomes for patients with neurological conditions. Act as a conduit for access to appropriate clinical and non-clinical advice and promote a holistic viewpoint where ever possible.

**Role of the SCN**

- Bring issues to CCG Commissioners’ Group on all aspects above to make recommendations;
- Ask the Neurology CEG to advise on issues related to the work above;
- Undertake direct pathway work with third sector / charities to take back to their Boards;
- Undertake patient focus groups with third sector / charities to take back to their Task & Finish Groups;
- Sit on Task & Finish Groups for all the work programmes related to neurology and provide a neurology perspective.

**Partners and Associate in this Work**


**Summary of Project Plan and KPI - Main activities and milestones**

<table>
<thead>
<tr>
<th>Q1 - Q4</th>
<th>These activities are very varied and complex: Contribution as follows through the year:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Muscular Dystrophy: developing a Neuromuscular pathway for Yorkshire and the Humber – x4 per year;</td>
</tr>
<tr>
<td></td>
<td>• Brain and CNS (cancer SCN): Improving pathways into/out of neurology services - x 4 per year;</td>
</tr>
<tr>
<td></td>
<td>• NHS England QIPP on MS: Recommend best treatment for MS patients – x 3 per year;</td>
</tr>
<tr>
<td></td>
<td>• End of Life: Support EoL work in the Yorkshire and the Humber network relating to Neurology patients – x 6 per year;</td>
</tr>
<tr>
<td></td>
<td>• Mental Health SCN: Support functional neurology / Mental Health / neuropsychology interlinks – as required / monthly;</td>
</tr>
<tr>
<td></td>
<td>• Voluntary Sector: Support YAHNO and contribute to their regional forum. Assist in their pathway design work, work jointly to run patient focus groups – x 4 per year.</td>
</tr>
</tbody>
</table>
**Project Title: Neurology 6: Underpinning support for the Neurology SCN work programme**

Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**

Provision of infrastructure support to enable the Neurology SCN to function.

**Priority Areas**

Encompasses urgent care, unplanned care and long term conditions in the following policies:
- NHS England Business Plan 2015/16;
- The Mandate 2015/16;
- Five Year Forward View;
- NHS Outcomes Framework (LTCs).

**Outcomes**

System management for Neurology services across Yorkshire and the Humber: One hub for all issues related to neurology.

**Role of the SCN**

The Neurology SCN team provides the following support to enable the network to function:
- Lead and co-chairs CCG Commissioners’ Group;
- Lead and chairs a Neurology Clinical Expert Group;
- Leads a Task & Finish Group for Muscular Dystrophy UK;
- Contributor to the national Neurology Intelligence Network (Public Health England);
- Contributor to Division 4 of the NIHR – teaching, presentations, sharing practice etc;
- Develop website for SCN;
- Develop and distribute E-bulletins to share best practice / network;
- Leads on Webinars to share practice / problem resolution.

**Partners and Associate in this Work**


**Summary of Project Plan and KPI**

Main activities and milestones

<table>
<thead>
<tr>
<th>Q1 - Q4</th>
<th>During the whole year the commitment is as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lead and co-chairs CCG Commissioners’ Group – x 4 per year;</td>
</tr>
<tr>
<td></td>
<td>Lead and chairs a Neurology Clinical Expert Group – x 4 per year;</td>
</tr>
<tr>
<td></td>
<td>Leads a Task &amp; Finish Group for Muscular Dystrophy UK – x 4 per year;</td>
</tr>
<tr>
<td></td>
<td>Contributor to the national Neurology Intelligence Network (Public Health England) – x 4 per year</td>
</tr>
<tr>
<td></td>
<td>Contributor to Division four of the NIHR – teaching, presentations, sharing practice etc.– x 2 per year;</td>
</tr>
<tr>
<td></td>
<td>Develop website for SCN - monthly;</td>
</tr>
<tr>
<td></td>
<td>Develop and distribute e-bulletins to share best practice / network – bi-monthly;</td>
</tr>
<tr>
<td></td>
<td>Leads on webinars to share practice / problem resolution – x 4 per year.</td>
</tr>
</tbody>
</table>
Project Title: Dementia 1: Diagnosis
Category: Improving quality of care

Description
Improving and sustaining dementia diagnosis rates across Yorkshire and the Humber – tools and information support.

Priority Areas
- The NHS England Business Plan 2015/16; The NHS Mandate;
- Five Year Forward View (5YFV); The NHS Outcomes Framework 2015/16;
- PM’s Challenge on Dementia 2020; Better Access to Mental Health: 2020.

Outcomes
- Achieve and maintain a minimum 67% dementia diagnosis rate across all CCGs in Yorkshire and the Humber;
- DES system searches, template and linked documentation (Advance Care Plan) available;
- Links to Dementia 3 (improved access to specialist diagnosis).

Role of the SCN
- Provide data packs for CCGs highlighting variation;
- Co-ordinate Yorkshire and the Humber commissioners’ group to support intelligent commissioning / sharing practice etc;
- Develop and promote dementia DES resources for use within GP practices;
- Support GP education to promote available resources;
- Provide intensive support to those areas who fall below their trajectory for improvement.

Partners and Associate in this Work
CCGs, NHS England, local authorities / Health and Well Being Boards, Primary Care, Mental Health providers, Voluntary and third Sector

Summary of Project Plan and KPI
Main activities and milestones

Q1
- CCG Commissioners’ meeting (May 2015) – share rates / learn;
- Develop and roll out dementia Diagnosis tools and framework for diagnosis;

Q2
- CCG Commissioners’ Meeting – share rates / learn / IST to areas with lower rates;
- Competencies published and disseminated, alongside training available.

Q3
- CCG Commissioners’ meeting – share rates / learn;
- Data packs for CCGs / Joint GP and Psychiatry learning event – 8 October 2015.

Q4
- CCG Commissioners’ meeting and CCG GP leads meeting – share rates / learn.
<table>
<thead>
<tr>
<th>Project Title: Dementia 2: Primary Care Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category: Supporting and enabling the system to be clinically led, patient focused and evidence based</td>
</tr>
<tr>
<td>Description</td>
</tr>
<tr>
<td>Supporting and enabling primary care to diagnose, manage and support people living with dementia and family carers.</td>
</tr>
<tr>
<td>Priority Areas</td>
</tr>
<tr>
<td>- The NHS England Business Plan 2015/16 and The NHS Mandate;</td>
</tr>
<tr>
<td>- Five Year Forward View (5YFV) / The NHS Outcomes Framework 2015/16;</td>
</tr>
<tr>
<td>Outcomes</td>
</tr>
<tr>
<td>- Competencies for diagnosis of dementia by non-specialists;</td>
</tr>
<tr>
<td>- Concise framework to support diagnosis of advanced dementia by non-specialists;</td>
</tr>
<tr>
<td>- Increased knowledge of dementia and benefits of diagnosis within primary care;</td>
</tr>
<tr>
<td>- Increased number of dementia friendly GP practices;</td>
</tr>
<tr>
<td>- Increased number of GPs enrolled in relevant training courses.</td>
</tr>
<tr>
<td>Role of the SCN</td>
</tr>
<tr>
<td>- Source and promote competencies for diagnosis and training available;</td>
</tr>
<tr>
<td>- Develop and promote framework for diagnosis by non-specialists;</td>
</tr>
<tr>
<td>- Support primary care and GP education to promote available resources, raise awareness and understanding of dementia and benefits of diagnosis;</td>
</tr>
<tr>
<td>- Promote the role of dementia friendly GP practices, sharing learning from practices who are already DF;</td>
</tr>
<tr>
<td>- Support network of psychiatry mentors across Yorkshire and the Humber.</td>
</tr>
<tr>
<td>Partners and Associate in this Work</td>
</tr>
<tr>
<td>CCGs, acute trust clinical leads, Psychiatry leads, Public Health England.</td>
</tr>
<tr>
<td>Summary of Project Plan and KPI</td>
</tr>
<tr>
<td>Main activities and milestones</td>
</tr>
<tr>
<td>Q1</td>
</tr>
<tr>
<td>Q2</td>
</tr>
<tr>
<td>Q3</td>
</tr>
<tr>
<td>Q4</td>
</tr>
</tbody>
</table>
**Project Title: Dementia 3: Improving access to specialist diagnosis and follow up**

Category: Improvement programmes focused on the patient pathway

**Description**

Improve access to specialist diagnosis and follow up.

**Priority Areas**

- The NHS England Business Plan 2015/16 and The NHS Mandate;
- Five Year Forward View (5YFV) / The NHS Outcomes Framework 2015/16;
- PM's Challenge on Dementia 2020 / Better Access to Mental Health; 2020.

**Outcomes**

- Improved waiting times for first appointment and diagnosis with specialist services (for appropriate patients);
- Access to specialist diagnosis and follow-up based on need (not dementia sub-type);
- Increased provision of specialist care within community and / or primary care setting;
- Improve commissioner access to data regarding access to and outcomes of memory services;
- Summary of evidence base for intervention / follow up for people diagnosed with MCI.

**Role of the SCN**

- Collate and share evidence base, service models and specifications including follow up and any shared care arrangements;
- Work with CCG commissioners and providers to develop minimum dataset for memory services;
- Map current provision and commissioning arrangements for memory services including availability of direct referral from acute trusts;
- Co-ordinate Yorkshire and the Humber commissioners’ (Regional Dementia Leads) group to support intelligent commissioning and run shared learning event for key stakeholders;
- Publish findings on evidence base for intervention / follow up for people with MCI.

**Partners and Associate in this Work**


**Summary of Project Plan and KPI**

Main activities and milestones

| Q1 | Gather and collate examples of service models and specifications for provision of specialist memory service |
| Q2 | Map of current provision for memory services made available, including current waits |
| | Service models and specifications shared across the patch |
| | Minimum dataset for memory services in draft |
| Q3 | Share learning by leading event with memory services, primary care and commissioners |
| | Finalise and sign off minimum dataset |
| | Populate dataset and provide analysis |
| Q4 | Support ongoing provision of data to commissioners |
| | Evidence base for MCI interventions and follow-up |
### Project Title: Dementia 4: Post Diagnostic Support

**Category:** Improving quality of care

**Description**
To improve peri- and post- diagnostic support for patients with dementia and family carers.

**Priority Areas**
- The NHS England Business Plan 2015/16 and The NHS Mandate
- Five Year Forward View (5YFV) / The NHS Outcomes Framework 2015/16
- PM’s Challenge on Dementia 2020 / Better Access to Mental Health: 2020

**Outcomes**
- Report on evidence base and recommendations for post-diagnosis support and follow up;
- Review of evidence base for different models of carer education and training;
- Summary of current PDS provision across Yorkshire and the Humber;
- Series of case studies / bulletin items / presentations to share as best practice;
- Framework to support evaluation of services including impact on patient and carer outcomes;
- Increased awareness among staff of PDS services available locally.

**Role of the SCN**
- Commission review of evidence base for follow up and post-diagnostic support and report;
- Review evidence base for carer education and training interventions and report;
- Support locality self-assessment of current PDS service provision, share learning and resources;
- Work jointly with other key stakeholders to develop and pilot evaluation framework;
- Work with selected localities to raise awareness of staff of PDS services available.

**Partners and Associate in this Work**
- CCGs, NHS England, local authority, third sector, AHSN, academic institutions, Involve Yorkshire and the Humber.

### Summary of Project Plan and KPI

**Main activities and milestones**

| Q1 |  | Report on evidence base for PDS and follow up published and shared at Commissioners meeting 12 May 2015 and Yorkshire and the Humber Sharing Good Practice event 25 June 2015;  
Sharing of learning from PDS self-assessment, good practice examples and resources – bulletin, webinar, pilot use of forum. |
| Q2 |  | Review of evidence base for different models of carer education and training published and share at Commissioners meeting 22 September 2015;  
Sharing of learning, good practice examples and resources. |
| Q3 |  | Develop and pilot evaluation framework with stakeholders. |
| Q4 |  | Publish evaluation framework. |
## Project Title: Dementia 5: Improving End of Life (EoL) care

**Category:** Improving quality of care

### Project Title and Description

Developing and implementing guidance for CCGs / local authorities to improve EoL care across all care settings.

### Priority Areas

- The NHS England Business Plan 2015/16 and The NHS Mandate;
- Five Year Forward View (5YFV) / The NHS Outcomes Framework 2015/16;

### Outcomes

- Evidence base reviewed, findings summarised and publication of recommendations;
- Improved awareness among staff that dementia is a terminal illness;
- Improved staff knowledge and understanding of how to assess and manage end of life care symptoms for an individual with dementia;
- Improved confidence and skills of staff to introduce and continue timely conversations about end of life care with people with dementia and their families;
- Increased number of people with dementia who are on the Gold Standards register and EPaCCS;
- Increased number of people with dementia who have been able to outline and document their preferences for future care e.g. within an Advance Care Plan.

### Role of the SCN

- Develop and disseminate regional Symptom Management Guidelines for End of Life Care in Dementia;
- Review and summarise evidence/guidance about starting end of life conversations including potential trigger points;
- Ensure appropriate linkage with other generic EoLC work e.g. implementation of EPaCCS, five priorities of care for the dying person;
- Host End of Life Care in Dementia Masterclass;
- Develop and disseminate dementia DES template and linked Advance Care Plan (see Dementia 1).

### Partners and Associate in this Work

CCGs, NHS England, Hospices, local authority, Skills for Care, care homes, primary care, acute trusts, SCN EoLC lead, Mental Health providers.

### Summary of Project Plan and KPI

#### Main activities and milestones

| Q1 | Symptom Management Guidelines adapted for Yorkshire and the Humber-wide use, published and shared. |
| Q2 | Review evidence base for starting EoL conversations; Summarise findings and publish. |
| Q3 | Review evidence base for good EoL care; Summarise findings and publish. |
| Q4 | Host End of Life Care in Dementia Masterclass / evaluate and share findings. |
**Project Title: Dementia 6: Care Planning**

Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**

Care planning and person-centred care for people living with dementia and family carers

**Priority Areas**

- The NHS England Business Plan 2015/16 and The NHS Mandate;
- Five Year Forward View (5YFV) / The NHS Outcomes Framework 2015/16;

**Outcomes**

- QOF template(s) and care plan(s) developed and distributed to primary care;
- CQUIN care plan template developed (in alignment with QOF template) and distributed to acute hospitals;
- Increased no. of people on the dementia register who have a care plan and annual review;
- Increased no. of people discharged from hospital following acute admission with a care plan;
- Reduction in dementia-related ‘avoidable’ emergency admissions;
- Increased knowledge and skills of staff to have person-centred care planning discussions and co-produce care plans tailored to individual needs (both for people with dementia and family carers).

**Role of the SCN**

- Development and distribution of QOF and CQUIN resources, including liaison with NHS England;
- Explore models for joint review of dementia and other co-morbidities, including production of joint care plan (e.g. Year of Care approach);
- Involvement and contribution to national work in this area ensuring alignment between local and national approach;
- Work with other stakeholders to upskill staff to co-produce person-centred care plans;
- Produce data pack to show achievement across Yorkshire and the Humber (end of year).

**Partners and Associate in this Work**

CCGs, NHS England, Yorkshire and the Humber CS, primary care, acute hospitals, Mental Health providers, third sector, Involve, Yorkshire and the Humber and Skills for Care.

**Summary of Project Plan and KPI**

Main activities and milestones

| Q1 | Publish and distribute QOF resources; |
|    | Awareness raising including liaison with NHS England. |
| Q2 | Draft CQUIN care plan template available for pilots. |
| Q3 | Review of monthly published data against planned trajectory; |
|    | Distribution and awareness raising including liaison with NHS England. |
| Q4 | Publication of data pack to show achievement across Yorkshire and the Humber. |
**Project Title: Dementia 7: Communications**

Category: Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**
Communications, Supporting Integrated Working, Achieving Consensus and Sharing Good Practice.

**Priority Areas**
- The NHS England Business Plan 2015/16 and The NHS Mandate;
- Five Year Forward View (5YFV) / The NHS Outcomes Framework 2015/16;

**Outcomes**
Stakeholders have a regular opportunity to collaborate and receive direct contributions from the SCN team to achieve the requirements of the Policy areas above.

**Role of the SCN**
- The SCN will lead and co-ordinate a number of meetings, events and activities to progress the dementia agenda including annual Sharing Good Practice event 25 June 2015; joint clinical leads meeting, 8 October 2015, quarterly Regional Dementia Leads Group;
- Ongoing management and leadership of Acute Hospitals Group (x 2 - 3 per year);
- Active membership of locality Dementia Strategy Boards (monthly – all CCGs);
- Initiation and management of Clinical Consensus meetings (ad hoc on request);
- Produce and disseminate monthly bulletin;
- Develop new mechanisms and platforms for sharing good practice e.g. apps, website, forum, tweet chat.

**Partners and Associate in this Work**
CCGs, providers (acute trusts and Mental Health providers), local authorities, third sector.

**Summary of Project Plan and KPI**
Main activities and milestones

| Q1 | Produce and disseminate monthly bulletin x 3; webinar; |
| Q1 | Lead Sharing Good Practice event 25 June 2015; |
| Q1 | RDLs meeting – 12 May 2015. |
| Q2 | Produce and disseminate monthly bulletin x 3; webinar and discussion forum; |
| Q2 | RDLs meeting – 22 Sept 2015; |
| Q2 | Clinical consensus meeting (care planning). |
| Q3 | RDLs meeting - December; |
| Q3 | Produce and disseminate monthly bulletin x 3; webinar and discussion forum; |
| Q3 | Joint GP / Psychiatry meeting – 8 October 2015; |
| Q3 | Ongoing management and leadership of Acute Hospitals Group - December. |
| Q4 | RDLs meeting - March |
| Q4 | Produce and disseminate monthly bulletin x3; webinar |
**Project Title: Dementia 8: Care Homes**

**Category:** Improving quality of care

**Description**
Improving diagnosis and management of people living with dementia in the care home setting

**Priority Areas**
- The NHS England Business Plan 2015/16; The NHS Mandate;
- Five Year Forward View (5YFV); The NHS Outcomes Framework 2015/16;
- PM’s Challenge on Dementia 2020; Better Access to Mental Health: 2020.

**Outcomes**
- Increased diagnosis of dementia in people living in care home setting;
- Improved management and support for people with dementia living in care home setting, including EoLC;
- Reduction in avoidable admissions for people with dementia living in care homes;
- Improved knowledge and skills of staff working in care homes and links to other services.

**Role of the SCN**
- Develop guidelines to define what good clinical care looks like for people with dementia living in the care home setting and different models for delivery e.g. GP, community nurse, geriatrician;
- Pilot tools and approaches within care homes e.g. pain assessment toolkit;
- Work jointly with Skills for Care and existing care home networks to facilitate work across care settings and professional groups;
- Links to other projects (including Dementia 2, Dementia 4 and Dementia 5).

**Partners and Associate in this Work**
CCGs, local authorities, care home providers, Skills for Care, primary care, intermediate care services.

**Summary of Project Plan and KPI**
**Main activities and milestones**

| Q1 | • Exploratory work to define project brief and measures of success. |
| Q2 | • Guidelines working group established. |
| Q3 | • Guidelines published. |
| Q4 | • Pilots within care home setting. |
**Project Title: Mental Health 1: Improving access to Mental Health Crisis Care**

**Category:** Improvement programmes focused on the patient pathway

**Description**

Implementation of the Mental Health Crisis Care Concordat.

**Priority Areas**

- NHS England Business Plan 2015-16;
- NHS Mandate;
- NHS Outcomes Framework;
- Achieving Better Access to Mental Health 2020;
- Five year Forward View (5YFV).

**Outcomes**

- Training of 100 front line staff in Yorkshire and the Humber in the management of crisis Mental Health care;
- Four fully established Yorkshire and the Humber Gold Command groups who have ToR and work programmes to deliver the requirements of the ‘2020’ policy for crisis care evidenced in CCG service development plans.

**Role of the SCN**

- Contribute to national U&EC / 111 Mental Health work and take the learning points to feed into Yorkshire and the Humber CCG commissioners’ meetings to ensure sharing best practice;
- Support Urgent care training for front line staff with Yorkshire Ambulance Service;
- Chair the Yorkshire and the Humber ‘Gold’ Command Crisis care groups as requested to ensure sharing of best practice.

**Partners and Associate in this Work**

CCGs, NHS England, Yorkshire Ambulance Service, Yorkshire and the Humber CS.

**Summary of Project Plan and KPI**

**Main activities and milestones**

| Q1 | • Establish and develop Silver Command CC Groups pan Yorkshire and the Humber;  
|    | • CCG Mental Health Commissioners’ engagement and planning. |
| Q2 | • Deliver training events for front line staff (e.g. Yorkshire Ambulance Service) on crisis care;  
|    | • CCG Mental Health Commissioners’ engagement and planning. |
| Q3 | • Continue to support Silver / Gold Command groups – partake in Task & Finish Groups;  
|    | • CCG Mental Health commissioner engagement / support. |
| Q4 | • CCG Commissioner Event to gain position statement on MHCC plans;  
|    | • Celebration event for crisis care in 2015-16. |
**Project Title: Mental Health 2: Implementation of the Better Access to Mental Health 2020**

**Category:** Improving quality of care

**Description**
Supporting CCGs / providers to deliver the EIP / IAPT standards by 31 March 2016.

**Priority Areas**
- NHS England Business Plan 2015-16;
- NHS Mandate;
- NHS Outcomes Framework;
- Achieving Better Access to Mental Health 2020;
- Five year Forward View (5YFV).

**Outcomes**
- Delivery of the EIP / IAPT standards across all CCGs in Yorkshire and the Humber;
- S136 suites available in all areas;
- MHCC action plans delivered across all CCGs.

**Role of the SCN**
- EIP / IAPT Symposium on 7 May;
- Bi-monthly CCG Commissioner Meetings to share information / practice;
- Contributor to Monthly Operations and delivery Group to review performance improvement information and actions arising from those;
- In keeping with ‘Achieving Better Access to Mental Health Services by 2020’ the SCN for Mental Health is linked with the IRIS network for early intervention in psychosis.

**Partners and Associate in this Work**
CCGs, NHS England, Yorkshire Ambulance Service, Yorkshire and the Humber CS.

**Summary of Project Plan and KPI**
Main activities and milestones

<table>
<thead>
<tr>
<th>Q1</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAGE 82**
Project Title: Mental Health 3: Improving Access to Psychological Therapies

Category: Improving quality of care

Description
Development of Yorkshire and the Humber IAPT Providers Network to support quality and innovation whilst also ensuring clear communication links to Mental Health CCG Commissioners.

Priority Areas
- NHS England Business Plan 2015-16;
- NHS Mandate;
- Five year Forward View (5YFV).

Outcomes
Group established with clear governance arrangements / Good level of engagement by all Yorkshire and the Humber providers. Improvements in key IAPT targets and delivery of 31 March 2016 standards in Mental Health 2020.

Role of the SCN
- To establish clear networking arrangements between all participating IAPT providers across the Yorkshire and the Humber region. To facilitate engagement and information sharing from relevant national leads including arranging for them to attend providers network when appropriate;
- To facilitate the sharing of good practice between providers;
- To support a collaborative approach to deal with common problems identified by the network or by NHS England regionally. Develop understanding of problems with Older Adults accessing IAPT services and support / lead on work to improve access for older adults;
- To allow for the dissemination of relevant information and from both NHS England and group members.

Partners and Associate in this Work
CCGs, NHS England, Yorkshire and the Humber CS.

Summary of Project Plan and KPI
Main activities and milestones

| Q1   | Establish clear networking arrangements between all participating IAPT providers; |
|      | Sharing of good practice between providers.                                |
| Q2   | Engage relevant national leads including IST teams - to attend providers network; |
|      | Share Q2 performance information.                                          |
| Q3   | Develop evidence base on improving access for older adults;                |
|      | CCG Mental Health Commissioners’ meetings – stocktake of position.          |
| Q4   | CCG Mental Health Commissioners’ meeting- share where areas are with the ‘2020’ access standards, the work we are doing and progress to support providers to achieve the 2020 access standards. |
**Project Title: Mental Health 4: Primary Mental Health Care - Developing MH GP leadership in Yorkshire and the Humber**

Category: Supporting and enabling the system to be clinically led, patient focused and evidence based

**Description**
To have a clear structure to support improvement in Mental Health care across Primary care.

**Priority Areas**
- NHS England Business Plan 2015-16;
- NHS Mandate;
- Five year Forward View (5YFV).

**Outcomes**
- GP action learning set up and running. Clear set of guidelines / guiding principles for achieving POE in general practice;
- Clear established arrangements for a Strategic Clinical Network with good engagement from all providers across the area;
- Support the ongoing development needs of the GP leadership graduates and support a network for them to share knowledge with colleagues from other CCGs leading to a GP network.

**Role of the SCN**
- Develop a GP Leadership network using graduates from the CCG GP Course to provide advice and support to the EIP / IAPT agenda as well as other mental health priority areas;
- Develop a Psychiatrists network to provide advice and support to the Mental Health work programme and expert advice and support to regional issues.

**Partners and Associate in this Work**
CCGs, NHS England, Yorkshire Ambulance Service, Yorkshire and the Humber CS, AHSN.

**Summary of Project Plan and KPI - Main activities and milestones**

| Q1          | • Attend GP Graduation evening to make links – 14 May 2015;
|             | • GP Network event to be arranged with the aim of developing clear governance structures, including TOR, for the network. Agree work plan. |
| Q2          | • Psychiatrists’ Network event to be arranged with the aim of developing clear governance structure, including TOR, for the network going forward. |
| Q3          | • Support the ongoing development needs of the GP leadership graduates and support a network for them to share knowledge with colleagues from other CCGs. |
| Q4          | • GP / Psychiatry meeting at year end;
|             | • Forward plan work into 2016/17. |
**Project Title: Mental Health 5: Integrating physical and Mental Health**

**Category:** Improving quality of care

**Description**

Achieving parity of esteem in physical and mental health

**Priority Areas**

- NHS England Business Plan 2015-16;
- NHS Mandate;
- NHS Outcomes Framework;
- Achieving Better Access to Mental Health 2020;
- Five year Forward View (5YFV).

**Outcomes**

Publication of a set of recommended measures for use by GPs / providers in Yorkshire and the Humber that demonstrate delivery of equitable services to Mental Health patients.

**Role of the SCN**

- Development of an electronic baseline questionnaire to gauge current level of knowledge and engagement. Follow up questionnaire to test improvements in knowledge and understanding;
- Development of guidelines for achieving POE in primary care.

**Partners and Associate in this Work**

CCGs, NHS England, Public Health England, AHSN.

**Summary of Project Plan and KPI**

**Main activities and milestones**

**Q1**
- Mental Health CCG Commissioners outline planning for a PoE programme of work;
- Delivery of information to CCGs on examples of good practice for PoE at GP level.

**Q2**
- Development of an electronic baseline questionnaire to gauge current level of knowledge and engagement.

**Q3**
- Task & Finish groups developed to establish guidelines;
- Mental Health CCG Commissioners’ group meeting - stocktake.

**Q4**
- Publication of a set of measures that GPs can use to demonstrate PoE with physical health leading to a follow up questionnaire to establish progress since baseline;
- CCG Mental Health Commissioners’ stocktake.
### Project Title: Mental Health 6: Underpinning and Supporting Mental Health Work in Public Health England and Offender Health

**Category:** Improving quality of care

### Project Title and Description

Supporting Public Health England and National Offender Management Services (NOMS) to develop their work and co-facilitate meetings / events with them.

### Priority Areas

- NHS England Business Plan 2015-16;
- NHS Mandate;
- NHS Outcomes Framework;
- Achieving Better Access to Mental Health 2020;
- Five year Forward View (5YFV).

### Outcomes

Increase referral and access rates for offenders contributing to overall increase in referrals to IAPT.

### Role of the SCN

- Using the IAPT providers meeting, raise awareness of the role of CRCs and provide case studies of offenders accessing these services. Provide the contact details of CRCs to IAPT providers.
- Increase in access rate of offenders and referrals from Community Rehabilitation Centres.
- Enable links with other areas of the SCN e.g. CAMHS with their review of Sexual Assault Referral Centres.
- Support Health and Justice Commissioning Manager to raise awareness of community services available.

### Partners and Associate in this Work

National Offender Services, Criminal / Justice Services, CCGs and NHS England.

### Summary of Project Plan and KPI

#### Main activities and milestones

**Q1**
- Quarterly meeting to contribute to the NOMS’ agenda;
- Feed issues into the Yorkshire and the Humber IAPT providers’ group.

**Q2**
- Quarterly meeting to contribute to the NOMS’ agenda;
- Feed issues into the Yorkshire and the Humber IAPT providers’ group.

**Q3**
- Quarterly meeting to contribute to the NOMS’ agenda;
- Feed issues into the Yorkshire and the Humber IAPT providers’ group.

**Q4**
- Quarterly meeting to contribute to the NOMS’ agenda;
- Feed issues into the Yorkshire and the Humber IAPT providers’ group;
- Measure impact of the work on referral/access rates for IAPT.
**Project Title:** Mental Health 7: Underpinning and Supporting Mental Health Work in NHS England (N), PHE (suicide), CAMHS, Peri Natal Mental Health and internal adult Mental Health SCN activities

**Description**
Supporting and enabling the system to be clinically led, patient focused and evidence based

**Priority Areas**
- NHS England Business Plan 2015-16;
- NHS Mandate;
- Five year Forward View (5YFV).

**Outcomes**
Improved co-ordination of SCNs and NHS agencies and improved communication routes.

**Role of the SCN**
- CAMHS: Associate SCN supporting the work programme;
- To support the Maternity SCN with an adult Mental Health contribution to the Peri Natal Task & Finish Group;
- To populate the Mental Health website to keep stakeholders informed / sharing practice;
- Provision of evidence based measures to inform Mental Health commissioning via Mental Health Intelligence Network;
- Co-ordinate all Mental Health CCG Commissioners’ meetings;
- Co-ordinate all Mental Health clinical expert groups;
- Chair providers’ IAPT network / support Silver and or Gold Command groups;
- Support the regional EIP / IRIS network.

**Partners and Associate in this Work**
Public Health England, Children’s and Maternity SCN, CCGs, NHS England, Yorkshire Ambulance Service, MHIN.

**Summary of Project Plan and KPI**
Main activities and milestones

<table>
<thead>
<tr>
<th>Q1 - Q4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan, set up and attend all Mental Health CCG Commissioners’ meetings – x 6 per year;</td>
<td></td>
</tr>
<tr>
<td>Attend C&amp;M SCN meetings and contribute to Task &amp; Finish Groups – x 12 per year;</td>
<td></td>
</tr>
<tr>
<td>Attend Public Health England suicide network and contribute to Task &amp; Finish Groups – x 12 per year;</td>
<td></td>
</tr>
<tr>
<td>Attend regional MCA / DOLS group and contribute to Task &amp; Finish Groups – x 6 per year;</td>
<td></td>
</tr>
<tr>
<td>Chair regional IAPT group - x 4 per year;</td>
<td></td>
</tr>
<tr>
<td>Support regional EIP / IRIS network – x 4 per year;</td>
<td></td>
</tr>
<tr>
<td>Support regional Silver / gold command groups for Mental Health crisis care;</td>
<td></td>
</tr>
<tr>
<td>Contribute to regional Mental Health Operations and Delivery Group - x 12 per year.</td>
<td></td>
</tr>
</tbody>
</table>
CVD TEAM

Julia Jessop
SCN Manager

Sarah Hope
Network Administrator

Rebecca Campbell
Quality Improvement Manager

Adele Graham
Quality Improvement Manager

Ged Oliver
Quality Improvement Manager

Matt Greensmith
Quality Improvement Manager

Sarah Boul
Quality Improvement Lead

Andrew Clarke (currently acting into Children’s SCN)
Quality Improvement Lead

Ginny Fieldsend
Quality Improvement Lead

No Post formally established at B7

Clinical Leads
Dr Robert Bain – Cardiac
Dr Philip Batin – Cardiac
Dr John Bamford – Stroke
Dr John Coyle – Stroke

Dr Gillian Payne – Cardiac
Dr John Stoves – Renal
Prof Graham Venables – Stroke
Dr Chris Walton – Diabetes

CHILDREN’S AND MATERNITY TEAM

Clare Hillitt
SCN Manager

Stacey Blueitt
Network Administrator

Maternity

Hilary Farrow
Quality Improvement Manager

Anna Downward-Fletcher
Quality Improvement Lead

Clinical Leads / GP Advisors
Dr Fiona Campbell - Children
Dr Jim Dwyer - Maternity
Dr Eric Kelly – GP Advisor (Children)
Dr Liz Angier – GP Advisor (Maternity)
Dr Karen O’Connor – GP Advisor (CAMHS)

Children

Andrew Clarke
Quality Improvement Manager
(coversing East Ayrshire Maternity)

Laura Whiston
Quality Improvement Lead

Emmerline Irving
Quality Improvement Lead
VISION STATEMENT

The Yorkshire and the Humber Strategic Clinical Network operates as a catalyst for change across complex systems of care improving quality, outcomes, value for money and patient experience.

S Successful partnerships with Stakeholders
C Clinically led commissioning for quality and value
N Needs of patients central to our work

CONTACT DETAILS

Oak House
Moorhead Way
Bramley
Rotherham
South Yorkshire
S66 1YY

Health House
Grange Park Lane
Willerby
East Yorkshire
HU10 6DT

Quarry House
Quarry Hill
Leeds
West Yorkshire
LS2 7UB

Email: england.YHscn@nhs.net
Website: http://www.yhscn.nhs.uk/

VERSION CONTROL

<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Date</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.0</td>
<td>SAB</td>
<td>27.05.15</td>
<td>Draft created</td>
</tr>
<tr>
<td>V1.1</td>
<td>IG / SAB</td>
<td>28.05.15</td>
<td>Edited Text / Formatted</td>
</tr>
<tr>
<td>V1.2</td>
<td>SAB</td>
<td>29.05.15</td>
<td>Inserted work plans and staff structures</td>
</tr>
<tr>
<td>V1.3</td>
<td>IG</td>
<td>01.06.15</td>
<td>Edited Text</td>
</tr>
<tr>
<td>V1.3</td>
<td>SAB</td>
<td>25.06.15</td>
<td>Removed / edited plans on a page section</td>
</tr>
</tbody>
</table>