



Annual Report — 2014/15

Yorkshire and the Humber Strategic Clinical Networks

Draft for Review by NHS England (North)

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Executive Summary

The role of Strategic Clinical Networks (SCNs) in Yorkshire and the Humber (Y&H) is to support health systems to improve the 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 completed their second year of existence. The SCN Support Team is almost fully established albeit with some vacancies and delays to recruitment as a result of the Service Improvement Architecture Review (SIAR) announced in July 2014. Speciality teams, including clinical and managerial leaders and improvement managers remain in place for each of the four SCN groupings. This provides the necessary focus and expertise whilst allowing work on common themes between SCN areas.

SCNs have engaged in extensive work throughout Yorkshire and the Humber, establishing a track record of effective support for commissioners and clinicians. Described in this report are the key achievements in each SCN area during 2014/15.

The SCN work plans resulted from extensive consultation between all interested and involved parties: patients, clinicians, commissioners, system assurers and national clinical leaders. The plans were ambitious yet deliverable and have resulted in tangible improvements to service effectiveness and quality, which will result in improved outcomes for patients.

During the latter part of 2014/15, SCNs have been under national review, which is not yet concluded. The SCN Support team is fully engaged with the review process and seeks to ensure that clinical networking in Yorkshire and the Humber continues to develop.

SCN and Clinical Senate Profile

Yorkshire and the Humber is a large and complex area, covering over 5000 square miles and spanning approximately 100 miles in each direction. The population is culturally diverse and has both dense urban areas and remote, rural populations - areas of affluence as well as deprivation.

The health care system includes 22 CCGs, one NHS England team covering Yorkshire and the Humber, 14 major acute hospital trusts and 5 (NHS) Mental Health Foundation Trusts.

Strategic Clinical Networks (SCNs) in Yorkshire and the Humber were established to build upon the success of cancer, stroke, cardiac and other networks that existed previously and to continue the strong record of delivering on service reconfiguration and quality improvement.

During 2014/15 SCNs have continued to develop with 10 distinct areas of work for SCNs that group into 4 clusters:

- Cancer
- Cardiovascular disease (CVD) – including Cardiac, Stroke, Renal and Diabetes
- Children's and Maternity
- Mental Health, Dementia and Neurological Conditions.

Each SCN has a small support team, led by an SCN Manager, to guide and facilitate the activities of the network. Each SCN also has one or more Clinical Leads and some newly appointed GP Advisors, all experienced senior clinicians, who, as part of the support team guide and support activities in their specialist areas. The overall size of the team is around 40 individuals. A diagram of the current support team staffing structure is provided in appendix B.

SCNs maintain effective working relationships and are integrated into the broader health and care structure through:

- Regular attendance at CCG Collaborative Commissioning meetings to feedback on SCN work plans, provide insight and information as requested and to ensure that CCG perspectives are central to SCN activities
- Working with the NHS England - North (Yorkshire and the Humber) team in their commissioning, quality overview and system convenor roles. It is important that SCNs can meet the needs of NHS England and be an integral part of the quality improvement structures
- Working with identified clinical links at each CCG with whom SCNs can liaise and communicate
- Regular contact and involvement with NHS England (North) and national structures including relevant National Clinical Directors.

The SCN support team is hosted by the NHS England - North (Yorkshire and the Humber) team, working directly to the Joint Medical Director, but with day to day management undertaken by the SCN & Senate's Associate Director.

Accountability for the management of the SCN support team and structures is provided via this route. The SCN Oversight Group, established to provide strategic direction and to which the SCNs can be held to account, is currently under review in light of the Service Improvement Architecture Review.

Looking Back – 2014/15: A Summary

Overview

2014/15 marked the second year of operation of strategic clinical networks - new organisations amongst many other new organisations in a very new NHS landscape. The year has seen a mixture of evolution from the former clinical network arrangements and the development of entirely new areas of work.

The main activities of the year have been:

- Building and developing the SCN support team
- Continuing to build and strengthen relationships and links with various organisations and individuals
- Finalising the transition from former clinical network structures to new way of working
- Understanding the needs of the clinical communities, commissioners and patients that comprise the SCNs and balancing these with the emerging regional and national priorities and initiatives
- Delivering the objectives that we set out to achieve in the SCN work programmes.

We have been successful in achieving our aims against a background of change and a degree of uncertainty. The support team is almost fully staffed and it is particularly gratifying that SCNs have an extensive range of clinical leads old and new.

Inherited network structures and procedures have been built upon, whilst continuing to reflect the new direction of SCNs, which is to have a greater strategic focus and a much smaller operational improvement role.

Engagement with clinical and commissioning organisations has been a distinct success. SCNs and the senate have established their position as supports to commissioning structures, including CCGs, CCG collaborative bodies and NHS England's specialised commissioning team. Events for, and meetings with, clinicians, patients and commissioners, focused on specific priority areas have continued for every SCN area and have been very well-attended. This process has been enhanced through conversations with individuals and groups across Yorkshire and the Humber. This has been mirrored at regional and national level; all National Clinical Directors have visited Yorkshire and the Humber and spoken at events large and small. SCNs are actively involved in, or are leading a number of initiatives run by NHS England (North).

Considerable work has been undertaken to synthesise the views of all concerned parties on the priorities for action and development in each of the 10 SCN areas. Work plans have been reviewed, amended and finalised and are outlined in the looking forward section. The focus of the support team is now to deliver the ambitions of the work plans and to build on the work undertaken to date.

Financial Summary 2014/15

Yorkshire and the Humber has implemented and retained the recommendations outlined in the Operating Framework (2012) for SCNs in relation to structures and grades of staff. Structures continue to mirror those laid down nationally.

A deliberate focus has been maintained on the 10 nationally mandated SCNs, rather than taking on additional responsibilities without agreed future funding allocations or national mandates (e.g. Learning Disabilities, Liver and Respiratory), however, requests to manage additional programmes of work have been considered on an individual basis. During 2014/15, the SCN has supported programmes of work in End of Life Care and, working collaboratively with the Yorkshire and the Humber Academic Health Science Network (AHSN), the development of an Urgent and Emergency Care network strategy.

In the absence of any agreed national funding allocations for future years, the Y&H SCNs continue to run with an appropriate pay costs' ceiling to ensure that any future reductions in allocation do not affect staffing levels or compromise job security for programmes of work that are up and running.

The SCN and Senate budget for 2014/15 remained significantly underspent due to recruitment restrictions and financial control processes set up during the SIAR review. Financial allocations for 2015/16 have been announced. Significant reductions have been made to the overall operating costs with a 15% reduction in the 'running costs' budget and a 24% reduction in the 'programme' budget.

Budgets for each SCN for 2014/15 are detailed below:

Cancer

- Pay (Inc. clinical leads): £506,781
- Non-pay (Inc. travel, meetings, events): £65,290
- Notional non-pay budget for SCN Manager for Project Work etc: £150,947

Cardiovascular Diseases (CVD)

- Pay (including. clinical leads): £607,225
- Non-pay (Inc. travel, meetings, events): £76,041
- Notional Non-pay budget for SCN Manager for Project Work etc: £150,947

Children's and Maternity

- Pay (including. clinical leads): £274,186
- Non-pay (Inc. travel, meetings, events): £32,422
- Notional Non-pay budget for SCN Manager for Project Work etc: £150,947

Mental Health, Dementia and Neurological Conditions

- Pay (including. clinical leads): £388,866
- Non-pay (Inc. travel, meetings, events): £42,683
- Notional Non-pay budget for SCN Manager for Project Work etc: £150,947

Central /Support Functions and Operating Costs

- Pay (including. Senate Staff): £323,738
- Non-pay (Inc. travel, meetings, events): £35,901
- Notional Non-pay budget for Senate Manager for Project Work etc: £86,255

Core Staff Costs

- Pay: £553,012
- Non-pay (including travel/meetings etc.): £208,039.

Major Accomplishments during 2014/15

The main focus in 2014/15 has been on continuing the development of each SCN whilst maintaining basic structure and operation. This has required considerable work on recruitment and basic infrastructure, as well as continuing to evolve policies, procedures and ways of working.

Clinical, commissioner and patient engagement resulted in the identification of SCNs priorities, which were then reviewed against regional and national priorities. The resulting work plans were ratified through further discussion and ultimately, through the SCN Oversight Group.

Partnerships with other organisations have developed to facilitate mutual understanding, avoid duplication of effort and confusion where operations overlap and to promote joint working and cooperative efforts.

Key partners include the Academic Health Science Network for Yorkshire and the Humber, Association of Adult Social Services, Local Authority teams and major charities in cancer, mental health, and neurological fields.

The announcement of the Organisational Alignment and Capacity programme (OACP) and Service Improvement Architecture Review (SIAR) in summer 2014 resulted in controls on recruitment and expenditure which has had an impact on the ability of the SCNs to make progress as quickly as anticipated.

However productive work has continued to deliver the SCN work plans and to form the foundation for the continued conversation necessary to enable and enhance the development of care and service delivery in each of the SCN areas. Presented below are brief summaries of some key activities and achievements from 2014/15 across all of the SCN areas.

Cancer

In 2014/15 we completed the transition process necessary to fully establish effective organisational arrangements for the Cancer SCN. These enable us to achieve our aim of supporting the health system in Yorkshire and the Humber to achieve improved outcomes for cancer and to identify and address unwarranted variation in access, clinical quality and patient experience.

What did we set out to achieve in 2014/15?

Our work has been focused on

- Supporting and facilitating improved collaboration across Yorkshire and the Humber and at a CCG collaborative level
- Developing effective links with the national clinical director, the national team and other Cancer SCNs
- Improving awareness and early diagnosis of cancer and reducing the numbers of patients diagnosed in an emergency setting
- Assessing needs of older people and how well these are addressed
- Improving the effectiveness of the care pathway (quality and timeliness)
- Working with national and local stakeholders to develop effective approaches to meeting the needs of people living with or beyond cancer
- Developing effective clinical leadership and engagement
- Developing a strategy for patient involvement and engagement
- Using cancer intelligence to drive improvement and improve decision making.

What have we achieved in this financial year?

Supporting improved organisational collaboration across Yorkshire and The Humber; the Yorkshire and the Humber Cancer Steering Group was established in December 2014. As well as overseeing the work programme, leaders from Yorkshire and the Humber organisations (Public Health England (PHE), the Cancer Research Network and NHS England) come together with CCG Chief Officer cancer leads from Humber and North Yorkshire, South Yorkshire and West Yorkshire to create synergy and provide opportunities for collaboration.

Supporting improved inter-organisational working; there are Cancer Strategy Groups in Humber and North Yorkshire, South Yorkshire and West Yorkshire that link to the respective CCG Collaborative Groups. These groups bring together, providers, commissioners and patient representatives, in order to provide oversight and collaborative challenge to the local health economy in ensuring that cancer services continue to improve and deliver high quality care and improved outcomes for patients. The groups are chaired by a Chief Officer lead, thereby providing a direct link between the Strategy Group and the CCG Collaborative Groups.

New organisational arrangements were formally established in Humber and North Yorkshire in September 2014. Stakeholder events were held in November 2014 in South and West Yorkshire to make sure that the Group's activities were aligned with local priorities and ways of working.

Developing effective links with the national Clinical Director, the national team and other Cancer SCNs; we are actively engaged in the work led by the national Clinical

Director, Sean Duffy; members of the team have contributed to national work on Breast Cancer, have taken part in workshops to develop the new national strategy and have liaised with other SCNs where possible to share learning and develop new approaches.

Improving Awareness and Early Diagnosis

- **Supporting the national Be Clear on Cancer campaigns;** The SCN has developed an effective partnership with PHE to support the national Be Clear on Cancer campaigns - Blood in Pee (October 2014) and Oesophageal and Gastric Campaign (February 2015). The SCN lead the communication of messages direct to key stakeholders and in conjunction with PHE in communicating the campaign message to the public. To promote the campaign there was a joint SCN/PHE press release, local radio interviews with the SCN Public Health Lead and SCN GP Clinical Leads.
- **Learning from the Significant Event audit;** this audit was aimed at determining why some patients have their cancer diagnosed as an emergency admission. The findings from the audit were disseminated to stakeholders at Strategy Group meetings and learning points to primary care clinicians through the SCNs network of GP leads. The audit was also published in the British Journal of Cancer in March 2014. Completion of the audit has led to the prioritisation of Cancer of Unknown Primary in the 2015/16 work programme.

Assessing needs of older people and how well these are addressed: qualitative information from providers (aimed at identifying areas of good practice) has been assessed together with quantitative analysis to provide an overview of current provision relating to the care and treatment of older people with cancer. The results of this work will form the basis of further work in 2015/16.

Improving the effectiveness of the care pathway

- **Diagnostic access**

In West Yorkshire the SCN team are members of the Healthy Futures Cancer Programme leadership team and have made a significant contribution to work that has been carried out to develop new approaches to commissioning and provision of diagnostic services, providing management and clinical expertise as well as cancer intelligence.

In Humber and North Yorkshire, the SCN (in conjunction with Y&H Commissioning Support (CS)) has completed an initial assessment of diagnostic capacity and demand to inform potential collaborative work by the CCGs.

The SCN has also completed a rapid assessment of the current picture of 7 day working across Yorkshire and the Humber to inform CCG and provider planning.

Priority pathways

- A significant amount of work has been done to improve the quality and effectiveness of specific care pathways, particularly focusing on pathways where there are concerns about meeting waiting time targets. This has included work on the lung, breast and thyroid cancer pathways.

A task and finish approach to making rapid improvements to local pathways has been developed in Humber and North Yorkshire with an initial focus on the lung pathway. This work will be evaluated as a potential model for roll out to other areas of Yorkshire and the Humber.

The work on the breast and thyroid cancer pathways brought together clinicians from across Yorkshire and the Humber and was focused on the development and implementation of Yorkshire and the Humber approach to improving specific aspects of clinical quality.

Developing the approach to addressing the needs of people living with or beyond cancer

An assessment of the delivery of the Recovery Package¹ by providers in Yorkshire and the Humber has been completed; contributing to work led by the national team to gain a comprehensive overview of implementation. This will be further developed in the 2015/16 work programme.

Developing clinical leadership and engagement

- **Clinical leadership**

The SCN has continued to develop clinical leadership at all levels; this was particularly effective in the development a new service model for Head and Neck Cancer in South Yorkshire (in support of NHS England and local CCGs) as well as central to the work on priority pathways at both a local and Yorkshire and the Humber level. Clinicians have been positively engaged, with events gaining good feedback and most importantly commitment to working to achieve improvements in clinical practice and the operation of care pathways.

- **GP leadership**

Working with Macmillan and Cancer Research UK the SCN has provided clinical leadership and developed Programme Management support to establish a Yorkshire and the Humber wide network of GP cancer leads. The network acts as a focus of peer support and challenge for members, who influence local peers in driving up standards of care and influence the commissioning and delivery of cancer care. The network also acts as a source of expert advice to members of the wider cancer network. This approach has been very effective and we aim to build on this approach for 2015/16.

Developing an effective approach to patient involvement and engagement

The SCN has developed a strategy for ensuring that the patient voice is central to our work by working with established and emerging patient groups to develop an approach to involving patients in formal groups, as well engaging patients on specific projects e.g. patients were involved along with clinicians in the work to develop a new service model for Head and Neck cancer in South Yorkshire – feedback from the patients involved and from commissioners was positive and this approach will be further developed for 2015/16.

¹ A combination of different interventions, which when delivered together improve the outcome and coordination of care, developed by the national Cancer Survivorship Initiative in 2012.

Engaging Local Authorities; the SCN has completed a review of the public health role in improving cancer awareness and health outcomes and recommendations for future joint work will form part of the work programme for 2015/16. The SCN has actively engaged Local Authority public health leads through showcasing their work at the Cancer Symposia.

Using cancer intelligence to drive improvement and improve decision making

The SCN has developed an information and intelligence framework to support cancer services commissioning. A rolling programme of Commissioner Symposium events aimed at supporting commissioners in the use of cancer intelligence started in 2014. Sean Duffy, the national Clinical Director, opened the first event on 15th October, which focused on how information can be used to inform priority setting and to develop effective commissioning plans across the whole care pathway. Further events are planned throughout 2015/16.

The SCN has directly supported innovative local work using intelligence to review cancer pathways at Local Authority and CCG level. Examples were presented at the Symposium. The SCN, in partnership with PHE, also disseminates cancer intelligence to stakeholders and has focused discussion on cancer intelligence at the bi-monthly/quarterly Cancer Strategy Meetings, using the comprehensive quarterly cancer intelligence report as the basis for discussion and to inform decision making.

What are the Cancer Priorities for 2015/16?

Supporting the delivery of the cancer strategy

The new cancer strategy is expected to be published in 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 through the Steering Group will improve the effectiveness of the system in responding to the challenges presented by the new strategy.

Supporting Collaborative (pan CCG) Commissioning

We will continue to work 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,

- Develop and deliver cancer strategy
- Improve the service quality and effectiveness.

Supporting Collaborative strategy for cancer

We will continue to contribute to the leadership of collaborative work to improve the effectiveness of commissioning and provision of diagnostic services and to the South Yorkshire review of Chemotherapy, aimed at developing a high quality, sustainable model of delivery.

High Value Pathways

We aim to develop Yorkshire and the Humber wide standard pathways which can be commissioned to improve quality and reduce variation for pathways where we have

identified variation in access, treatment and survival. The priority pathways for 2015/16 are; i) Colorectal ii) Prostate iii) Cancer of Unknown Primary (CUP) / Acute Oncology.

Living With and Beyond Cancer

We will assess the current position on implementation of the Recovery Pack, identifying areas of good practice and where development is needed. Bringing commissioners together to consider evidence-based commissioning of the Recovery Pack and encouraging the development of local initiatives where this needs to be progressed.

Older People

We will complete work to identify the demographic footprint, age profiling, survival rates, treatment provision statistics relating to cancer care for Older People, using this information to identify areas for improvement and/or service redesign.

Awareness and Early Diagnosis

- **Be Clear on Cancer Campaign**

We will 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 continue to partner with PHE 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.

- **Accelerate, Co-ordinate and Evaluate (ACE)**

We will support local initiatives that are a part of the national Accelerate, Co-ordinate and Evaluate (ACE) programme and share this practice with stakeholders.

Patient involvement and engagement

We will further develop innovative approaches to patient engagement to support the delivery of the SCN work programme and ensure the SCN work impacts on patient experience in Yorkshire and the Humber.

GP Leadership and Primary Care Engagement

We will further develop 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 and evaluate its effectiveness.

Site Specific Clinical Engagement

We will develop and implement a flexible model for site specific clinical engagement aligned to the priorities of the SCN and partners.

Cancer Information and Intelligence Framework

We will further develop and implement the cancer intelligence framework to inform and engage commissioners at both local and regional levels so that they are able to use

cancer intelligence effectively to set priorities, develop effective commissioning plans and improve outcomes, we will;

- Deliver a programme of events, aimed at Local Authority, CCG and NHS England Commissioners
- Continue to use cancer intelligence at a CCG collaborative level to assess performance and drive improvement.

Local Authority Engagement

We aim to 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.

Cardiovascular Disease (CVD)

The Cardiovascular Disease SCN comprises the former cardiac, stroke and renal clinical networks and the diabetes clinical network (established as new area for clinical network support in April 2013).

In 2014/15 the network focussed on some key areas in each disease group and on prevention as a cross cutting theme, to contribute to improving outcomes for cardiovascular disease and to identify and address unwarranted variation in access, clinical quality and patient experience. As far as possible, the programmes of work were aligned to deliver across Yorkshire and the Humber, utilising the existing CCG collaborative-led programmes.

Cardiac

What did we set out to achieve in 2014/15?

- Supporting NHS England service reviews
- Supporting CCG commissioners in relation to reducing the gaps against agreed core commissioning standards
- Development of Quality Standards
- Pathway Reviews
- Review of Familial Hypercholesterolemia (FH) services.

What have we achieved in this financial year?

NHS England Reviews; the SCN has played a key role in supporting NHS England by

- Undertaking a scoping exercise to determine the current configuration of complex cardiac device implantation as the first phase of a commissioner derogation service review
- Actively contributed to the specialised commissioning Quality Innovation Prevention and Productivity (QIPP) programme
- Supported a review of morbid obesity.

Commissioning Standards; the SCN has played a key role in

- Supporting the Working Together acute cardiac care programme to review core commissioning standards; identifying gaps in services against the core standards
- Hosting workshops to identify opportunities to develop 24/7 acute care for cardiology
- Working with providers and commissioners with regards to developing a regional solution to access to cardiology out of hours.

Quality standards; the SCN has played a key role in

- Working with the cardiac advisory group to develop the Working Together standards into a Yorkshire and the Humber document that incorporates specialised as well as CCG commissioned quality standards.

Pathway Reviews; the SCN has played a key role in supporting commissioners by

- Undertaking a review of network electronic referral systems with a view to implementing this across providers across Yorkshire and the Humber to improve pathway management

- Building on pioneering research to develop a business case to procure academic support to establish a database that will monitor care processes across cardiac pathways (including primary care) to identify if there are 'missed opportunities of care' that impact on quality outcomes.

Familial Hypercholesterolemia (FH); the SCN has played a key role in supporting commissioners by

- Completing a review of FH services and recommendations for implementation in South Yorkshire
- Supporting a successful bid to British Heart Foundation for four nurses to develop a service for West Yorkshire and the Humber and North Yorkshire.

What are the Cardiac Priorities Identified for 2015/16?

Prevention

- Implementation of the FH regional service for West and North Yorkshire and North Lincolnshire
- Improvement of lipid management
- Managing hypertension.

Quality Assurance

- Finalise the Quality Assurance Framework (QAF) documentation and ensure a Yorkshire and the Humber wide approach/process for assessment
- Complete provider self-assessment review and commissioner confirm and challenge
- Identify opportunities for individual and regional solutions to improve standards of care
- Support NHS England in completing phase two of the complex cardiac device implantation service review.

Pathways

- Undertake an audit on primary percutaneous coronary intervention to inform specialised commissioning regarding future service requirements
- Secure funding and procure an academic review of missed opportunities of care to inform future quality improvement initiatives and potential QIPP programmes
- Complete and options appraisal for the development and implementation of a web-based electronic referral system for cardiology services across Y&H.

Stroke

What did we set out to achieve in 2014/15?

- Supporting a CCG commissioner review of Hyper Acute Stroke Services (HASS)
- Supporting Peer Review of Stroke Services
- Improving management of Atrial Fibrillation
- Review of Early Supported Discharge Models
- Embedding Best Practice; supporting NHSIQ with Intermittent Pneumatic Compression (IPC) sleeves adoption.

What have we achieved in this financial year?

HASS Review; the SCN has played a key role in supporting CCG Commissioners by

- Co-ordinating a Y&H approach, producing data packs to support Healthy Futures, Working Together stroke programmes and the Humber & North Yorkshire CCGs
- Hosting workshops and task and finish groups to undertake scenario modelling and identify resilience issues
- Supporting the identification of options and development of case for change
- Providing clinical advice on contingency arrangements for services in crisis.

Peer Review; the SCN has played a key role in supporting CCGs by

- Completion of the peer review visit cycle providing CCGs with assurance regarding adherence by providers to the Stroke Assurance Framework (SAF)
- Development of a web base system (SQUiNs) for peer review to review the whole stroke pathway
- Completion of self-assessment and upload onto SQUiNS with resultant report to CCG commissioners.

Improving Management of Atrial Fibrillation; the SCN has played a key role in supporting CCG Commissioners by

- Supporting the Healthier Futures work on the management of known atrial fibrillation (AF) patients including the development of an AF dashboard and options for collaborative working.

Early Supported Discharge - The SCN has played a key role in supporting CCG Commissioners by

- Scoping current service provision for early supported discharge (ESD) has been completed which demonstrated wide variation on the level and quality of services and subsequent length of stay
- Development of an assurance framework to ensure a consistent approach to ESD commissioning and service provision across Yorkshire and the Humber
- Producing recommendations regarding the standardisation of data capture to support SSNAP².

Embedding Best Practice; the SCN has played a key role in supporting implementation of best practice by

- Supporting Trusts to work with NHSIQ to adopt IPC sleeves.

What are the Stroke Priorities Identified for 2015/16?

Prevention

- Spread learning and best practice models from Healthy Futures on the management of known AF patients across Y&H.

Hyper Acute Stroke Services (HASS) Review

- Supporting CCG programmes by providing a collaborative approach to business contingency/resilience, benchmarking data, workforce, repatriation and development of best practice standards

² The Sentinel Stroke National Audit Programme (SSNAP) aims to improve the quality of stroke care by auditing stroke services against evidence based standards, and national and local benchmarks. Building on 15 years of experience delivering the National Sentinel Stroke Audit (NSSA) and the Stroke Improvement National Audit Programme (SINAP), SSNAP is pioneering a new model of healthcare quality improvement through near real time data collection, analysis and reporting on the quality and outcomes of stroke care.

- Developing a service specification for early supported discharge to enable efficient utilisation of HASS.

Quality Assurance

- Completing an options appraisal regarding the continued support for stroke peer review.

Diabetes

What did we set out to achieve in 2014/15?

- Improving foot care in diabetes
- Best Practice Models for self-management
- Delivery of care home training events
- Service specification
- Patient centred, integrated care models.

What have we achieved in this financial year?

Improving Foot Care; the SCN has played a key role in supporting CCG Commissioners by

- Developing a task and finish group to devise a clinically validated quality assurance tool regarding foot care
- Co-ordinating a self-assessment process to identify gaps in standards across Y&H
- Creating individual provider reports on the context of Y&H service provision.

Best Practice Models; the SCN has played a key role in supporting CCGs by

- Producing a report with recommendations on self-care and shared best practice for CCGs in empowering and supporting patients with diabetes to self-care.

Care Home Training Events; the SCN has played a key role in supporting CCG Commissioners by

- Improving diabetic care in care homes through a sub-regional approach to training key staff and promoting the adoption of the good clinical practice guidelines for care home residents with diabetes
- Delivery of a series of diabetes care home events with a focus on the specific challenges of managing patients with diabetes and dementia; evaluation suggests that the events have directly reduced emergency admissions due to diabetes and working practices have improved.

Service Specifications; the SCN has played a key role in supporting CCG Commissioners and locality diabetes networks by

- Promotion of the national NICE diabetes service specification to transform diabetes services to CCGs
- Providing external clinical assurance to the development of a new diabetes service framework serving three CCGs, ahead of a wider service review in 2015/16.

Patient centred, integrated care models; the SCN has played a key role in supporting CCG Commissioners by

- Developing a task and finish group to document existing effective models of patient self-empowerment that support the 'House of Care' that meet patients' needs

- Making recommendations to commissioners on cost effective self-empowerment models.

What are the Diabetes Priorities Identified for 2015/16?

Prevention

- Preparation for the National Diabetes Prevention Programme
- Implementing information prescriptions to enhance self-management
- Transition services to promote maintained engagement.

Improving Pathways

- Developing a range of commissioning products to support the quality assurance of the diabetic foot care pathway
- Continue roll out of care home training events
- Improving understanding of commissioned structured patient education services.

Innovation/Best Practice Models

- Developing a centralised repository for information and educational resources on diabetes
- Collaborating with the Academic Health Science Network to identify priority innovation projects for diabetes services in Yorkshire and the Humber.

Renal

What did we set out to achieve in 2014/15?

- Undertake the Dialysis capacity Survey
- Reduce incidence and improving management of Acute Kidney Injury (AKI)
- Develop Best Practice Models for Conservative Kidney Care, Shared Haemodialysis care and home therapies
- Improving Kidney Transplant and donation rates.

What have we achieved in this financial year?

Dialysis Capacity - The SCN has played a key role in supporting CCG Commissioners by

- Undertaking an annual dialysis capacity survey which demonstrated a 4% increase in the number of patients on home dialysis.

Acute Kidney Injury (AKI) - The SCN has played a key role in supporting CCG Commissioners by

- Hosting three acute kidney injury (AKI) forums leading to a number of projects including supporting the development of acute kidney injury (AKI) pathway , identification of 'AKI champions' in all provider Trusts and supporting work on e-alerts and education
- Developing a draft protocol in SystmOne to remind GPs to suspend medication to prevent acute-on-chronic kidney disease
- Development of a nurse specific forum
- Establishing a regional AKI Patient Care Initiative pulling together strands of work across the 14 Trusts in the region
- Initiating links with West Yorkshire Critical Care Network regarding bed availability and the transfer of patients across West Yorkshire.

Best Practice Models - The SCN has played a key role in supporting CCG Commissioners by

- Undertaking a number of forums have been held for conservative kidney care, shared haemodialysis care, home therapies and transplants to share best practice
- Provision of a training course to support the implementation of shared haemodialysis care in renal units with 200 staff trained to date and supporting the requirements of the haemodialysis service specification
- The Yorkshire and the Humber Shared Haemodialysis Care Programme was a finalist in the Renal Team of the Year Category at the BMJ Awards and winner in the public sector category of the Training Journal (TJ) Awards in 2013.

Kidney Transplant - The SCN has played a key role in supporting CCG Commissioners by

- Supporting project work in Bradford on renal transplantation resulting in improved time from initial referral to placing on the renal transplant waiting list and an increase in pre-emptive transplantation rate.

What are the Renal Priorities Identified for 2015/16?

Prevention

- Continue work to reduce incidence and improve management of AKI
- Improving transition services to promote compliance of young adults.

Evidence Based Pathways

- Increasing transplantation rates in Yorkshire and the Humber
- Increasing the number of patients undertaking self-care and shared haemodialysis care
- Increasing in the number of patients undertaking home dialysis
- Reducing unwarranted variation.

Commissioning

- Support commissioners with proposed transfer of dialysis commissioning.

Children's and Maternity

During 2014/15 we worked with stakeholders to implement effective organisational arrangements to support the delivery of the work programme priorities that focus on supporting improved outcomes and experience for children, women and their families. This includes a full governance and accountability structure and the establishment of Strategy Groups, Clinical Expert Groups, a Commissioner Forum and Task and Finish Groups.

What did we set out to achieve in 2014/15?

We have focused on

- Supporting and facilitating improved engagement and collaboration across a complex stakeholder environment at a North of England, Yorkshire and the Humber and CCG collaborative level
- Developing effective clinical leadership and engagement
- Developing a strategy for patient involvement and engagement
- Using data, information and intelligence to drive improvement in outcomes and patient experience
- Establishing appropriate mechanisms to deliver collaboratively agreed work programme priorities for Children and Maternity services.

What have we achieved in 2014/15?

System wide engagement

The SCN has

- Undertaken a series of engagement visits with all CCG Commissioners and Trusts in Y&H which has led to increased attendance at all SCN Groups
- Forged good links with Jackie Cornish and Catherine Calderwood (National Clinical Directors for Children and Maternity), national and regional teams and with other SCNs to drive two way communications and share best practice
- Secured three CCG Chief Officers, one from each CCG collaborative to provide effective leadership and a direct link between the CCGs and SCN
- Worked on the Neonatal, Paediatric Critical Care and Adult Critical Care Operational Delivery Networks (ODN) on joint areas of work
- Established an effective Commissioner Forum with representation from NHS England Specialised Commissioning, CCGs and Local Authorities
- Developed effective communication and engagement with a number of key organisations; PHE, NHS England Justice and Offender Health Leads, Local Authorities (Directors of Public Health Network, Directors of Children's Services Network, Elected Member Network and the Local Authority CYP Network) to ensure synergy between organisation priorities and the SCN work programme.

Effective clinical leadership and engagement

The SCN has established Maternity and Children's Clinical Expert Groups, chaired by the SCN Clinical Leads to ensure wider system clinical engagement. The Clinical Leads are members of the Strategy Groups and ensure that the clinical evidence base and best practice shapes improvement work. We have also appointed 3 GP Advisors to cover

Maternity, Children and CAMHS to facilitate engagement and represent the views of primary care in all aspects of the work.

Patient involvement and engagement

The SCN has developed a strategy for ensuring the views of women, children, young people and their families are central to our work and there has been good engagement on specific projects e.g. the development of Stillbirth and Bereavement recommendations with Stillbirth & neonatal death charity Sands. Engagement with children and young people presents unique challenges for the SCN, significant work therefore is planned to further develop our approach in 2015/16.

Using data, information and intelligence to drive improvement in outcomes and patient experience

The information base for children and maternity is generally poor in comparison to other clinical specialty areas. There has been specific focus on ensuring that the best possible data is used to support work programme objectives. This involved the SCN Team and members of the wider network with support from PHE.

Children's Work Programme

What did we set out to achieve in 2014/15?

- Establishing the scope of the Children's Surgery and Anaesthesia work programme and a Task and Finish Group to deliver its outcomes
- Establishing a CAMHS Steering Group as Lead SCN with the Mental Health/Dementia/Neurological conditions SCN as an associate
- Establishing the scope of the CAMHS work programme and mechanisms to deliver its outcomes
- Establishing the scope of the 'Transition of children and young people (C&YP) to adult services: Young People Friendly Care' work programme and a Task and Finish Group to deliver its outcomes
- Establishing the scope of a Long Term Conditions Programme
- Supporting the work of CCG Collaborative work programmes for children including the South Yorkshire and Bassetlaw/Mid-Yorkshire/North Derbyshire CCG Children's Working Together Programme and the West Yorkshire Healthy Futures Paediatric Programme through membership of the leadership teams for each programme and providing clinical leadership.

What have we achieved in during 2014/15?

Children's Surgery and Anaesthesia

- Established a Y&H Surgery and Anaesthesia task and finish Group, agreed the scope of the programme and gained good engagement with surgeons, anaesthetists and trust managers
- Completed collection of 2 years activity and theatre data for 0-18yrs and commenced collection of workforce data for anaesthetics/surgical specialties
- Supported the development of the 'Working Together' Children's Surgery and Anaesthesia Programme; aligning and integrating work where appropriate

- Developed and agreed clinical standards and gained agreement from all Trusts to self-assess against these standards
- Commenced identification of risks related to the future provision of Children's Surgery and Anaesthesia.

Children's Mental Health and Wellbeing (CAMHS)

- Established a Y&H CAMHS Steering Group and established the scope of the work programme
- Benchmarked the current CAMHS provision across all areas of provision
- Developed stakeholder engagement, by hosting a number of CAMHS events
- Supported the Healthy Futures CAMHS/Looked After Children Programme.

Transition of children and young people (C&YP) to adult services: Young People Friendly Care

- Undertook a Transition stocktake with Children's hospital Trusts CCGs, to inform the development of a benchmarking tool
- Established a Task and Finish Group and agreed a work programme, identifying challenges for organisations across Y&H and developed a draft action plan
- Supported the work of the national SCN Transition Forum, contributing to programme development
- Reviewed all key national documents identifying key themes as central resource for stakeholders
- Contributed to the national Working Group to develop a service specification.

Long Term Conditions – Asthma

- Undertook a scoping of Asthma services across Y&H
- Produced a report to inform discussion and agreement with commissioners of long term conditions
- Contributed to the work of the National Paediatric Asthma Collaborative.

What are the Children's priorities for 2015/16?

The priorities agreed in the SCN work programme for Children in 2015/16, reflect both the national priorities for children and those of Y&H stakeholders.

Transition

- Develop an evidenced based systematic approach to the provision of transitional systems by developing evidenced based commissioning guidance
- Provide a generic approach to transition which can be used by providers and commissioners to improve quality of care, patient experience and develop a patient centred approach.

Children's Surgery and Anaesthesia

- Provide system wide data to inform decisions making
- Provide clinical and managerial leadership to inform the establishment of evidence based sustainable models of service delivery and the development of a regional service specification

- Support the alignment, engagement and integration of this work with the Working Together Programme to ensure consistency of approach, reduce the possibility of potential impact on related specialties

CAMHS

- Establish a Y&H Lead Commissioner Forum to support the work related to Transformation Plans and the delivery of Future in Mind
- Work with NHS England on the Transformation Plan; providing intelligence and support
- Support the work on Looked after Children/CAMHS as part of the Healthy Futures collaborative programme
- Undertake a Children's PPE engagement event and to establish virtual children's network which can be called upon to provide advice and support.

Maternity Work Programme

What did we set out to achieve in 2014/15?

- Establish the scope of the Stillbirth work programme and deliver its outcomes
- Establish the scope of the Term Baby work programme and deliver its outcomes
- Establish the scope of the Perinatal Mental Health (PNMH) work programme and deliver its outcomes
- Establish the scope of the Maternal Morbidity and Critical Care work programme
- Develop a Y&H Maternity Dashboard
- Support CCG Collaborative commissioners in programmes related to the configuration of maternity services.

What have we achieved in during 2014/15?

Stillbirths

- Established the Stillbirth task and finish group and agreed the work programme
- Benchmarked current practice for reducing stillbirths
- Delivered a Stillbirth Workshop in November 2014 to consider best practice evidence and to develop recommendations for practice
- Developed recommendations for Stillbirth and Bereavement Care
- Contributed to the national 'Saving Babies Lives' Project
- Supported the identification of pilot sites to implement the national care bundle and subsequent benchmarking against the national care bundle.

Term Baby admissions to and transition from Neonatal Units

- Established a Term Baby Task and Finish Group in collaboration with the Neonatal ODN
- Benchmarked current care provision (including Transitional Care) and admission criteria for term babies admitted to neonatal care
- Worked with the Neonatal ODN to improve data collection and data quality
- Worked with the National Patient Safety Team on the national Term Baby Project

- Assessed current service user experience through work undertaken by provider Trusts who have undertaken the BLISS Baby Charter Standards³.

Perinatal Mental Health (PNMH)

- Reviewed current evidence base and best practise
- Completed a survey of Maternity Services, Health Visiting Services, Commissioners and GP Leads for Maternity to understand current Perinatal Mental Health service provision
- Delivered a Perinatal Mental Health Stakeholder workshop with keynote speeches from the Maternal Mental Health Alliance and Hull University/Hull and East Yorkshire Hospitals Trust.

Maternal Morbidity and Critical Care

- Undertook a scoping exercise with a lead Obstetric Anaesthetist and the Critical Care ODN to identify key elements to this project, to inform work in 2015/16.

Y&H Maternity Dashboard

- Developed a Maternity Dashboard (with associated indicators and definitions to support completion) and developed a strategy for its implementation.

What are the Maternity priorities for 2015/16?

Stillbirth

- Coordinating and reviewing the pilot site data returns for the implementation of the national care bundle; identifying areas for collaboration
- Supporting the NHS England North/Perinatal Institute 'Saving Babies Lives in the North of England' project and supporting roll out from April 2016
- Seeking approval for 'Recommendations for Improving Stillbirth and Bereavement Care in Y&H' from Maternity Strategy Group and supporting implementation by Trusts and commissioners.

Safe Neonatal Care

- Reviewing the initial project proposal with the Neonatal ODN and identifying the data collection/audit requirements to establish whether the main reasons for admission of term babies to neonatal units are reflective of national findings
- Agreeing the scope of the Y&H programme to add value in addition to the national programme and thus avoid duplication.

Perinatal Mental Health

- Establishing and maintaining links to the national PNMH programme, the national Mental Health Taskforce and NHS England Specialised Commissioners of Specialised PNMH services to inform the work across the patient pathway
- Establishing a Task and Finish Group, agreeing the vision for services and finalising project overview and scope

³ <http://www.bliss.org.uk/baby-charter-audit-tool>

- Scoping current service user groups/involvement and developing a service user strategy to ensure appropriate service user involvement and engagement
- Identifying and collating relevant data to establish a baseline for the prevalence of PNMH illness in Y&H.

Maternal Morbidity and Critical Care

- Commencing engagement with stakeholders to agree the scope of the programme
- Establishing a Task and Finish Group to support delivery of the work programme.

Y&H Maternity Dashboard

- Securing agreement of the Maternity Dashboard as a comparison tool to support both Trusts and Commissioners to improve outcomes and reduce variation
- Supporting the strategy and governance arrangements for its implementation, first piloting the Dashboard within Trusts, reviewing the data that is generated to identify of areas for improvement in services, outcomes and experience.

Mental Health, Dementia and Neurological Conditions

Mental Health, Dementia and Neurological Conditions was a new area for clinical network support. Development of these networks began by identifying those interested in and already cooperating on these topics across Y&H. Building on this, significant progress has been made in establishing network arrangements, and in achieving the aims set out in the work programme, to improve the quality of service delivery and patient outcome.

Dementia

What did we set out to achieve in 2014/15?

- Achieving timely good quality diagnosis of dementia and improving the diagnosis pathway
- Improving post-diagnostic support for people with dementia and their carers
- Improving capacity, capability and intelligence to enable improvements in dementia care
- Supporting the ambition for Dementia Friendly Hospitals across Y&H
- Improve integrated care across services
- Optimising use of medicines.

What have we achieved in this financial year?

Diagnosis; the SCN has played a key role in driving up diagnostic rates by

- The development of Dementia Quality Toolkit (DQT) and roll out across Yorkshire and the Humber, northern region and inclusion within national Enhanced Specification which scans GP records for identifying patients who may need added to Quality outcomes Framework (QOF) dementia registers. This has contributed to the average diagnosis rate increasing across 22 CCGs to 65.2% by end March 2015
- Providing regular feedback to CCGs on diagnostic rates, uptake of DQT, gap analysis of numbers needed to treat and modelling capacity
- Improving links to CCG GP dementia leads and AT dementia leads as a result of this work to expedite communications through the system and be responsive to national, regional or local requests
- Successfully bidding to secure additional £161,000 revenue to fund a range of initiatives with both providers and CCGs – GP education sessions, cross-matching memory service and primary care registers.

Engagement; the SCN has developed a network of dementia leaders which has resulted in

- Increased attendance at group meetings and good engagement with the majority of CCGs and providers
- Forged excellent links with Alistair Burns (National Clinical Director), national and regional teams and with other SCN colleagues, particularly across northern region to drive two way communications and share best practice
- Secured three CCG Chief Officers, one from each CCG collaborative (SYCOM, 10CC, HNYCOM) and route now being used to communicate key messages/request action

- Identified and engaged a new Association of Directors of Adult Social Services (ADASS) dementia lead to ensure the SCN's work compliments that of the local authorities' dementia work.

Joint Working, Collaboration and Partnerships; the SCN has

- Developed team working within the SCN across primary and secondary care throughout Yorkshire and the Humber; this has been a great strength in bringing organisations together to learn and improve
- Pushing the whole 'Dementia' agenda forward; we now have psychiatrists, acute hospital leads and GPs talking and meeting together to improve services
- Developed the Quality Improvement award (jointly run with the Dementia Action Alliance (DAA)). This is now in its 2nd year and in 2015/16 we will invite applicants from multi-disciplinary teams
- Established strong links to Health Education Yorkshire and the Humber and shared leadership of the Education and Training Task and Finish Group.

Interactive sharing of Best Practice; the SCN has

- Commissioned and funded Dementia carer videos to support education and training in primary and secondary care
- Developed new technologies – webinars, twitter and other social media to reach spread the word to hard to reach groups
- Created an SCN website which is now live and will support ongoing sharing of good practice alongside monthly dementia SCN bulletin.

What are the Dementia Priorities Identified for 2015/16?

Improvement of diagnosis rates across Y&H

- Memory service capacity planning
- Identification and management of people with Mild Cognitive Impairment (MCI)
- Development of primary-care based pathways
- GP engagement and education including competencies for diagnosis
- Work within care homes – identifying patients with dementia and appropriate packages of care including advance care planning
- Understand characteristics of the dementia register to explore the match with local demographics and understand inequalities in accessing a dementia diagnosis.

Post Diagnostic Support (PDS) for people living with dementia and their carers

- Identify and understand what does good post diagnostic support look like
- Explore the evidence base for medical follow-ups and role of primary care
- Explore effectiveness of different models of PDS to support cost-effective commissioning for improved outcomes e.g. delayed admission into long-term care.

End of Life Care (EoL)

- Support staff in starting timely EoL conversations, advanced care planning, end of life care and symptom management across all care settings (Primary Care, Memory Assessment and Treatment Services, Care Homes and Acute Trusts).

Memory Assessment and Treatment Services (MATS)

- Define minimum dataset for memory services contracting
- Map access and pathways to memory clinics across Y&H

- Support areas with poor access and long waiting time to help reduce variation
- Measuring impact and outcomes for people with dementia and family carers
- Work with commissioners across Y&H to begin to make the National Dementia Declaration I statements a reality
- Use of outcome measures within service commissioning.

Mental Health

What did we set out to achieve in 2014/15?

- Co-ordinating the response to the requirements set out in the Mental Health Crisis Concordat (MHCC)
- Establishing a formal MH CCGs' Commissioner Forum (from an existing group)
- As associate SCN on CAMHS, support the development of the Y&H CAMHS Network
- Supporting PHE in the Y&H Suicide Network arrangements
- Developing an Improving Access to Psychological Therapies (IAPT) providers' Group for Y&H
- Support the Y&H Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DOLS) Network in their practice
- Support NHS England (North) to establish robust arrangements for the oversight of MH issues within Y&H.

What have we achieved in this financial year?

Development of the Y&H Multi Agency Mental Health Collaborative

- Shared best practice in the management of Mental Health Crisis
- Ensure S136⁴ facilities are co-ordinated across the region
- Developed mechanisms to support the delivery of the MHCC Declaration plans by 31st December 2014 and action plans by 31st March 2015
- Facilitated joint working with 4 police forces across Y&H region and provided a forum to develop further structures to address the Early Intervention in Psychosis (EIP)/new MH access standards from 2015/16 onwards.

Improving Access to Psychological therapies (IAPT) initiative

- Commissioners and service providers across Yorkshire and the Humber have been visited to explore current IAPT provision in their areas and to collect detailed information regarding how IAPT is delivered
- New IAPT providers' Network developed run by the SCN
- The group will develop as the 2015/16 IAPT standards need addressing and plans are in hand to collaborate with NHS England (North) to do this.

Development of a MH CCG Commissioners' Forum

- Supported this group to develop into a more formal CCG Commissioners' forum with terms of reference, agenda development and providing speakers/information for the meetings
- The group provides a repository of expertise for the Y&H region in preparation for the new MH access targets.

⁴ S136: relates to 'Place of Safety' from Section 136 of the Mental Health Act: 'If a constable finds in a place to which the public have access a person who appears to him to be suffering from mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety'

Joint Working, Collaboration and Partnerships; the SCN has developed the following

- Coalition and partnerships with PHE on suicide prevention, supporting the Y&H MCA/DOLS network to share best practice and provide some educational and training materials, collaboration with Offender Health colleagues to develop some educational materials for commissioners and supported the Children's SCN as an Associate Network related to CAMHS.

What are the Mental Health Priorities Identified for 2015/16?

- Building on the MHCC Action Plans submitted, to work with Y&H CCGs to develop their plans further by sharing best practice from other areas, ensuring CCGs take a whole age approach (including Children and Young People's with Children's SCN) and ensuring that by the end of 2015/16 the action plans are robust with timelines
- Develop and support a revised infrastructure of the Y&H Multi Agency MH Collaborative to fit the needs as we move into 2015/16 by splitting the group across the 4 police force regions to guarantee local ownership and focus on delivery
- Continue to develop measures for Parity of Esteem so Y&H practices can demonstrate how patients with SMI are being managed (using best practice from elsewhere and developing a GP leaders' forum of GPs who have undertaken the Leadership Course)
- Improving links with primary care by incorporating increased MH GP lead involvement (utilising the graduates of the MH leadership course) and developing Parity of Esteem work in primary care
- Continue to support collaborative working in PHE (suicides), MCA/DOLS, Offender Health and joint working with the AHSN on Care Pathways and Packages Project (CPPP)
- Development of more meaningful MH information to support commissioning using a mix of PHE/MHDNIN sources
- Support the NHS England (North) and Yorkshire and the Humber teams in their work to ensure the 2015/16 new MH access standards are achieved and maintained by sharing what good looks like, spreading practices from elsewhere, coordinating workshops/events, developing the Y&H IAPT Providers' Group and contributing to the impending regional EIP expert group.

Neurological Conditions

What did we set out to achieve in Neurology in 2014/15?

- Reduction of disease/mortality from poor symptom recognition for common neurological conditions by developing headache/epilepsy pathways
- To reduce the exacerbation of existing symptoms through uncoordinated care and poor symptom management/monitoring, that could result in A&E attendance and/or hospital admission for headaches and epilepsy
- To reduce the deterioration in functional ability that reduces levels of independence and leads to carer dependency and/or residential/nursing home care by looking at neuro rehabilitation pathways of care
- To support the QIPP agenda by reducing the prescribing of inappropriate medications for Multiple Sclerosis (MS)

- To collaborate with Muscular Dystrophy UK on developing pathways of care to share with the other SCNs in the country and to support navigation through CCGs to ensure appropriate workforce were recruited
- To provide literature/materials for carers to address inadequate information provision and/or lack of support to help them manage
- To raise the profile and understanding of the complexities of neurological conditions amongst commissioners in order to gain their support and facilitate engagement with the above improvement projects.

What have we achieved in this financial year?

- Developed an SCN Clinical Expert Group tasked with driving forward the changes in service redesign and identify where the SCN can support the 5 year forward view (5YFV)
- Identified the key areas for service improvement through data gathering, audit and analysis (headache management, epilepsy management & neuro-rehabilitation)
- Developed relationships with commissioners to better understand their information needs via the Neurological Intelligence Network (NIN)
- The SCN has developed a Clinical Rehabilitation Expert Group to take forward the recovery, rehabilitation and re-ablement agenda. The group aims to address the neuro-rehabilitation skills shortages seen across community rehabilitation teams by developing training and education opportunities
- Work has taken place in partnership with Macmillan to develop a brain & central nervous system rehabilitation pathway across East Yorkshire. This collaboration brings together Macmillan, North East Yorkshire and the Humber CCG/CSU and the SCN to create a cost effective best practice model for community rehabilitation.

Identified improvement plans for the key priorities

- Headache management, to reduce the burden on secondary care
- Epilepsy management, to reduce mismanagement
- Access to neuro-rehabilitation linked to community support, self-management, use of technology and admission avoidance
- Good practice pathway for neuromuscular conditions
- Improved stakeholder engagement with the development of a CCG Commissioners' Group, collaboration with 3rd sector/voluntary organisations/YHANO.

What are the Neurology Priorities Identified for 2015/16?

Epilepsy Management

- The management of epilepsy in both the emergency department and the community is variable and depends on the skill and knowledge of the attending health professional. The lack of neurology related quality indicators has left management of symptoms to chance. Key improvements will include educational programmes to improve the recognition and management of epileptic symptoms which will reduce the need for onward neurology referrals.

Headache Management

- Improving services for people with headaches has been identified as a priority by many of the SCNs and is supported by the report from the All-Party Parliamentary Group on Primary Headache Disorders highlighting headaches as one of its clinical priorities
- Identify and develop good practice headache pathways and models to promote the use of headache assessment and risk related tools
- agree a regional approach to delivering headache services
- Improve symptom recognition and options for management amongst GPs
- Develop a repository of headache related information for clinicians and commissioners
- Identify cost effective models of practice to support patients without the need for unnecessary secondary care interventions, which includes developing the role for headache nurse specialists
- To promote the development of increased access to GPs with a special interest (GPwSI) model.

Neuro Rehabilitation

This is a complex medical process which aims to aid recovery from a nervous system injury or illness (acquired or genetic) and to minimise or compensate for any physical, psychological or cognitive impairment resulting from it.

- The SCN will clearly define what is meant by neuro-rehabilitation and
- The SCN team will work closely with stroke team and services to identify alternative/existing models of rehab that may be suitable to include neurology patients (ESD schemes)
- The neuro-rehabilitation steering group looking at how to upskill, increase the rehabilitation workforce (through alternative models of skill mix, sharing/pooling resources e.g. Calderdale Framework)
- The SCN will work with NHS England to develop neuro-rehabilitation pathways and service specifications to address the complexities
- The SCN Commissioning group will be used to raise the profile of neuro-rehabilitation and inspire the need for large scale change.

Looking Forward – 2015/16

Priorities for the year ahead

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 a potentially fragmented system together, focussing on those areas of work identified collectively as most in need of development and improvement. SCNs have brought together the voices of commissioners, patients and clinicians collectively to prioritise development targets.

SCNs in Yorkshire and the Humber 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.

Discussion to develop the 2015/16 SCN work plans were delayed due to ongoing uncertainties caused by the Service Improvement Architecture Review, however, planning processes continued through continued engagement with commissioners and clinicians, through network-specific meetings and groups, and consultation with commissioning and clinical fora.

The Selection Process for Work Programme Priority Setting 2015/16

In making prioritisation decisions in a transparent way, the teams have documented a series of priorities and then set these against some criteria for selection:

- National priorities/ambitions that need to be achieved by a specific date and where working collaboratively will assist this (taking into account work being done by other national bodies such as AHSN, NHSIQ, Leadership Academy)
- Where projects will have the greatest gains for population health - the sum of the parts being greater than the whole
- Where collaborative working will reduce duplication between organisations e.g. CCGs/SCNs/Sub-regional Teams
- Where the delivery of specific pieces of work will actively contribute to a QIPP opportunity at scale
- Where there are opportunities to develop innovative working that will be used for regional/national sharing.

Attached as Appendices are

- A. The Work Programmes Priorities Summary (Plan on a Page highlights only) for 2015/16 for each of the SCNs (these may be subject to change depending on the outcome of the 'SIAR')
- B. The SCN Organogram (correct at 7th July 2015).

Appendices

Appendix A - Work Programmes

Yorkshire and the Humber Strategic Clinical Networks Priorities Summary 2015/16

	Project Title	Description	Priority Areas	Outcomes
CANCER	Creating a guiding coalition to support the delivery of the cancer strategy	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 Humber will improve the effectiveness of the system in responding to the challenges presented by the new strategy.	Five Year Forward View, Cancer Strategy Statement of Intent	<ul style="list-style-type: none"> 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 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 Y&H approach, including specialised service reconfiguration There is oversight of the SCN work programme, including oversight of Yorkshire and 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 Humber There is an effective relationship between Yorkshire and Humber and national and North of England organisations
	Supporting Collaborative (pan CCG) Commissioning	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.	Five Year Forward View, Cancer Strategy Statement of Intent, NHS Constitution, NHS England Business Plan	<ul style="list-style-type: none"> 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).
	Chemotherapy Outreach Review South Yorkshire	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: <ul style="list-style-type: none"> 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 	Five Year Forward View, Cancer Strategy Statement of Intent, Working Together Priorities	<ul style="list-style-type: none"> 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.

N C	Diagnostic Capacity and Demand Scoping Project		Five Year Forward View, Cancer Strategy Statement of Intent, NHS Constitution, NHS	<ul style="list-style-type: none"> To make recommendations for future approach to commissioning and provision to achieve improved access to
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(HNY)		England Business Plan	diagnostic services in HNY - to achieve earlier diagnosis and improved system performance.
Healthy Futures West Yorkshire	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	Five Year Forward View, Cancer Strategy Statement of Intent	<ul style="list-style-type: none"> 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.
High Impact Pathways	The SCN have identified a number of High Impact 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	Five Year Forward View, Cancer Strategy Statement of Intent.	<ul style="list-style-type: none"> 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
Reducing the “survival deficit” for older people	Supporting the health system to reduce the survival deficit for older people, informing longer term improvement strategies to positively affect overall survival rates	Five Year Forward View, Cancer Strategy Statement of Intent, Five Year Forward View, Statement if Intent, National Cancer Intelligence Network – Older People and Cancer Report (December 2014).	<ul style="list-style-type: none"> 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
Reduce Cancers Diagnosed as Emergency Admissions:	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.	Five Year Forward View, Cancer Strategy Statement of Intent, NHS England Business Plan Improving Outcomes: A Strategy for Cancer 3 rd Annual Report. NHS Outcomes Framework. Department of Health Cancer Outcomes Strategy. Cancer across the Domains; Cancer priorities for the new NHS 2013.Evidence re late diagnosis and survival	<ul style="list-style-type: none"> Increase numbers of cancer diagnosed through rapid and appropriate pathway. Reductions in numbers of cancers diagnosed as an emergency admission.
Dissemination of Cancer Information and Intelligence	<ul style="list-style-type: none"> Informing and engaging commissioners through analytical support to identify variation in cancer outcomes and patient experience. A programme of Y&H 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 	Five Year Forward View, Cancer Strategy Statement of Intent, NHS England Business Plan	<ul style="list-style-type: none"> 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

CANCER

Patient involvement and engagement	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	<ul style="list-style-type: none"> Five Year Forward View, Cancer Strategy Statement of Intent, Improving Outcomes: A Strategy for Cancer (2011), 5YFV, NHSE business plan, Cancer Patient Experience Survey, NHS Constitution 	<ul style="list-style-type: none"> Effective patient involvement/engagement/co production as appropriate in all cancer SCN projects and programmes Patient engagement in/representation on decision making groups
GP Leadership and primary Care Engagement	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.	Five Year Forward View, Cancer Strategy Statement of Intent, CCGs strategy and delivery	<ul style="list-style-type: none"> 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 YH 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
Site Specific Clinical Engagement	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	Five Year Forward View, Cancer Strategy Statement of Intent	<ul style="list-style-type: none"> The production of clinically led and evidence based work from the SCN and other stakeholder groups YH voice in national CRGs and Clinical engagement across the patch and tumour sites
Be Clear on Cancer Campaign;	<ul style="list-style-type: none"> 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. 	Five Year Forward View, Cancer Strategy Statement of Intent, National Awareness and Early Diagnosis Initiative (NAEDI)	<ul style="list-style-type: none"> Information is disseminated to providers with as much advance notice as possible
Local implementation of national Quality Surveillance Programme	To participate in the national Quality Surveillance Programme (formerly Peer Review) to support the process of biennial assessment of cancers services and Multi-disciplinary Teams (MDTs) in Trusts (Acute Oncology, Breast, Cancer of Unknown Primary, Head and Neck, Hepato-pancreato-biliary, Skin, Upper Gastrointestinal, Urology).	The National Quality Surveillance Programme is part of NHS England's Specialised Services. Details of the programme have been confirmed for 2015	<ul style="list-style-type: none"> A summary high level self-assessment of cancer services' compliance with quality measures associated with network clinical groups on clinical guidelines, audit and participation in clinical trials High level assessment that supports and adds value to the validated assessment of MDTs in Trusts A baseline understanding and assessment of the above cancer services that informs the development of Yorkshire and Humber high impact pathways
Local Authority Engagement Project	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.	Health and Social Care Act 2013, NHS England Business Plan & 5 Year Forward View, Improving Outcomes: A Strategy for Cancer 3 rd Annual Report, NHS Outcomes Framework, Department of Health Cancer Outcomes Strategy.	<ul style="list-style-type: none"> 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
Living With and Beyond Cancer Initiative	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	Cancer Strategy Statement of Intent (2015), The National Cancer Survivorship Initiative. DOH (2007) Living with and Beyond Cancer-Taking action to improve outcomes DOH (2013), Cancer Across the Domain; Cancer Priorities for the New NHS (2014) All-Party Parliamentary Group	<ul style="list-style-type: none"> Comprehensive understanding of the survivorship initiatives and strategies across Y&H To encourage the development of local collaborative strategies to implement the recovery package where these do not exist and to support further development of existing strategies. Improved collaborative approaches to commissioning recovery package across Y&H

CHILDREN'S AND MATERNITY – CHILDREN'S	Project Title	Description	Priority Areas	Outcomes
	Review of Children's Clinical Service Configurations across Yorkshire and the Humber	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.	<ul style="list-style-type: none"> • NHS Outcomes Framework 2015/16 • Public Health Outcomes Framework 2015/16 • Five Year Forward View • NHS England – North priority • Yorkshire and the Humber priority 	<ul style="list-style-type: none"> • Reductions in childhood mortality. • Improved clinical outcomes. • Improved patient and carer experience. • Delivery of safe, sustainable, local paediatric & neonatal services through the development of coherent, high quality service models. • Share learning with stakeholders outside Yorkshire and the Humber.
	Children and young people's mental health and wellbeing across Yorkshire and the Humber	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.	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
	Review of Children's Surgery and Anaesthesia services across Yorkshire and the Humber	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.	<ul style="list-style-type: none"> • NHS Outcomes Framework 2015/16 • Public Health Outcomes Framework • NHS England – North priority • Yorkshire and the Humber priority 	<ul style="list-style-type: none"> • 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.
	Transition of children and young people (C&YP) to adult services: Young People Friendly Care	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.	<ul style="list-style-type: none"> • NHS Outcomes Framework 2015/16 • NHS England – North priority • Yorkshire and the Humber priority 	<ul style="list-style-type: none"> • 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.
	Long Term Conditions: Asthma	Scoping of asthma work in the region and sharing learning and best practice.	<ul style="list-style-type: none"> • NHS Outcomes Framework 2015/16 • Public Health Outcomes Framework 2015/16 • NHS England – North priority • Yorkshire and the Humber priority 	<ul style="list-style-type: none"> • Identify and reduce system wide variation. • Implementation of revised service models, where appropriate. • Improved patient and carer experience.
	SCN Organisational Development	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.	<ul style="list-style-type: none"> • NHS England Business Plan 2015/16 • Five Year Forward View, • NHS Outcomes Framework 2015/16, Public Health Outcomes Framework 2015/16, • NHS England – North priority programmes, Yorkshire and the Humber CCG Collaborative Programmes for Children and Maternity. 	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

CHILDREN'S AND MATERNITY – MATERNITY

Project Title	Description	Priority Areas	Outcomes
Maternity Services Configuration	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.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Sustainability of maternity services.
Stillbirths	Aim to reduce stillbirths, reduce the regional variation and improve bereavement cared and service user experience.	<ul style="list-style-type: none"> NHS Outcomes Framework 2015/16 Public Health Outcomes Framework National Clinical Director for Maternity priority NHS England priority, Yorkshire and the Humber priority 	<ul style="list-style-type: none"> Reduction in stillbirth rates across Yorkshire and the Humber. Reduction in regional variation. Improved service user experience.
Term Baby Admissions to and Transition from Neonatal Units	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.	<ul style="list-style-type: none"> NHS Outcomes Framework 2015/16 NHS England – North priority Yorkshire and the Humber priority 	<ul style="list-style-type: none"> 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.
Perinatal Mental Health	Work with Mental Health, Dementia and Neurological Conditions SCN and wider stakeholders to assess current service provision and develop best practise recommendations for Yorkshire and the Humber.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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.
Maternal Morbidity and Critical Care	Aims to identify areas for the improvement in outcomes and experience of mothers requiring critical care support.	<ul style="list-style-type: none"> NHS Outcomes Framework 2015/16 National Clinical Director for Maternity priority Yorkshire and the Humber priority 	<ul style="list-style-type: none"> Reductions in the level of avoidable maternal morbidity. Evidence of improved medical management of sick mothers. Improved experience of sick mothers.
Yorkshire and the Humber Maternity Dashboard	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.	<ul style="list-style-type: none"> Yorkshire and the Humber priority. 	<ul style="list-style-type: none"> Improved ability to compare maternity service clinical indicators and outcomes. Reduction in variation of clinical indicators across Yorkshire and the Humber.
SCN Organisational Development	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.	<ul style="list-style-type: none"> NHS England Business Plan 2015/16 Five Year Forward View, NHS Outcomes Framework 2015/16, Public Health Outcomes Framework 2015/16, NHS England – North priority programmes, Yorkshire and the Humber CCG Collaborative Programmes for Children and Maternity. 	<ul style="list-style-type: none"> 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

CARDIOVASCULAR – CARDIAC

Project Title	Description	Priority Areas	Outcomes
Web-based Electronic Referral System for Cardiology	This work stream will explore possible options for the development and implementation of a single web-based electronic referral system for all cardiology services across Yorkshire and the Humber.	<ul style="list-style-type: none"> 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 cardiac services for DGH 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 & the Humber do not have a universal web-based electronic referral system for cardiology. This project aligns with the following: CCG Outcomes Indicators; 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. 	<ul style="list-style-type: none"> 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.
SCN Collaborative Partnership Work	This work stream involves supporting partnership work with; <ul style="list-style-type: none"> NHS England Specialised Commissioners regarding a Yorkshire & 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 & Bassetlaw (SYB) "Working Together" Programme regarding the development of 24/7 x 365 acute care for cardiology. 	<ul style="list-style-type: none"> Supporting projects identified as priorities by our partners as they align with the following: Domains: 1-5; Outcomes Framework 1a, 1b, 1.1, 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. 	<ul style="list-style-type: none"> Ensure that acute cardiology services across South Yorkshire & 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 & 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).
Primary PCI Referrals Audit	This work stream aims to review the current referral practice across the Yorkshire & the Humber region against local and national guidance and encourage appropriate action to address any concerns identified.	<ul style="list-style-type: none"> 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 Indicators; 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. 	<ul style="list-style-type: none"> 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.
Identification and management of patients with Familial Hypercholesterolaemia (FH)	To establish commissioned services to identify patients and families at risk of FH. These patients have a 300x 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	<ul style="list-style-type: none"> CCG Commissioning Outcomes Indicators <i>Domains 1,2 & 4</i> CVD Outcomes Strategy <i>Outcome 5</i> NHS England Business Plan 2015/16: Theme 2, Priorities 7 and 8 	<ul style="list-style-type: none"> To implement 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). The aim is to reduce variation in access to services and meet the requirements if NICE Clinical Guidance 71.

		valuable (cost per QALY £2700)		
	Assurance of Cardiology Services	To help support CCG commissioners to develop assurance processes for cardiac services.	<ul style="list-style-type: none"> Domain 1 Outcomes Framework 1a, 1b,1.1, 3a, 3b, 4 and 5 NHS England Business Plan 2015/16: Theme 2, Priorities 7 and 8 	<ul style="list-style-type: none"> The development of a Quality Standards template in collaboration with the RCSCEG Clinical Leads for the purposes of peer review The development of a Quality Standards template in collaboration with the RCSCEG Clinical Leads for the purposes of peer review
	Missed Opportunities of Care for patients with cardiac disease	Evidence shows where patients don't receive all evidenced based interventions their clinical outcomes are significantly reduced.	<ul style="list-style-type: none"> Commissioners are eager to explore improved clinical outcomes and potential reduction in resource required in the management of patients with long term conditions. This supports the 5YFV and local priorities. 	<ul style="list-style-type: none"> The two key outcomes would be, further research using multiple data sources to assess the evidence for increased emphasis on ensuring appropriate care interventions in CVD patients, and to develop support tools for primary care to improve management of dyslipidaemia in secondary prevention of CVD (linked to the Prevention Strategy)

CARDIOVASCULAR – SQUINS, AF AND PREVENTION	Project Title	Description	Priority Areas	Outcomes
	SQUINS Self-Assessment System	Review SQUINS annual peer review system for 2015 (branding and content local to Y&H 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	This work is part of the ongoing HASU resilience review work within the Y&H region and remains a CCG priority in 2015-16. Stroke also remains a national priority and is within the NHSE business planning.	A "fit for purpose" web based self-assessment system that is network led and managed that gives annual assurance to CCGs that their stroke services remain of high quality and deliver safe and effective patient outcomes
	Atrial Fibrillation in Stroke Prevention	Contribute to reducing the number of strokes across the Y&H 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	This work forms part of the existing stroke work programme which remains a priority for the SCN and also features highly within our newly formed prevention work programme. AF in SP is also a national priority. Prevention features highly in the 5YFV and is also currently an area of importance for a number of CCGs in our region.	<p>By supporting and working with our commissioning colleagues and partners ensure AF in SP is identified as CCG priority.</p> <p>An increase in the overall anticoagulation rates for people with Atrial Fibrillation thereby reducing significantly the number of AF preventable strokes in our region.</p>
	CVD Prevention Strategy 2015 - 2018	Produce a Y&H CVD Prevention Strategy for dissemination to the CCGs in our region	This strategy forms the cornerstone of our CVD prevention work and underpins our existing CVD work programmes (cardiac, stroke, renal and diabetes). Prevention is a national priority (5YFV) and is also a NHSE priority in their business planning.	<p>Contributing to the prevention agenda by producing a strategy that will give some direction, focus and purpose to CCGs in their efforts to reduce CVD mortality.</p> <p>To reduce the burden of CVD disease in the Y&H population.</p>

CARDIOVASCULAR – DIABETES	Project Title	Description	Priority Areas	Outcomes
	Diabetic Foot care	This work stream is the second phase of ongoing SCN work. In this second phase we will develop a range of commissioning products that support the quality assurance of the diabetic foot care pathway. The products will be adoptable and adaptable by CCG commissioners in Y&H and elsewhere.	This work stream has been prioritised as it responds to local stakeholder feedback and a gap in quality assurance of local foot pathways identified in phase 1 of the SCN work stream. This project is aligned with the national priorities identified by National Clinical Director Jonathan Valabhji.	<ul style="list-style-type: none"> • 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).
	Development of a Data Dashboard	This work stream will involve the development of a unified data dashboard for diabetes in order to provide a baseline benchmark of diabetes care in both primary and secondary care across the Yorkshire & the Humber region, which will facilitate clinical commentary regarding the data and will be a catalyst for reducing any unwarranted variation in diabetic outcomes and standards of care.	This work stream has been prioritised as it will serve to determine the level of variation in clinical care and outcomes for patients living with diabetes thus providing the necessary information to then address any variation identified. This project is aligned with Domain 1 of the Outcomes Framework 1a, 1b, 1.1,4,5.	<ul style="list-style-type: none"> • Develop a single central repository for diabetes data • Produce a reporting timetable aligned to publication dates of national data (e.g. National Diabetes Audit etc) • Disseminate update reports on diabetes data to regional stakeholders via the Diabetes Clinical Expert Group • Data will be used to inform other related work streams (e.g. Foot Care)
	Diabetes Transition Insight Project – Bridging the Gap	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.	Poor outcomes for Young People in Type 1 diabetes services are a National priority and this project supports this priority of the NCD Jonathan Valabhji and Yorkshire & Humber Paediatric Lead Fiona Campbell.	<ul style="list-style-type: none"> • Identify a sample of young people who are disengaged from services and ensure the voice of Young people is heard in the commissioning of Diabetes Transition Services.
	Information Prescriptions	Information Prescription Roll Out in across primary care in Yorkshire and the Humber General Practice. The information Prescriptions are embedded within EMIS and System One.	This supports the culture shift towards activated patients and self-management being sought by NHS England and outlined in the 5YFV.	<ul style="list-style-type: none"> • This work will support patients to better understand what hypertension, HbA1c and Cholesterol are and their role in the development of cardiovascular events and diabetic complications. • Associated metrics in cholesterol, HbA1c and Hypertension treatment outcomes in QOF. • There is evidence that GP practices that have already adopted the information prescriptions benefit from more streamlined care planning processes.
	Diabetes Prevention Programme	Supporting and disseminating information from the Bradford ‘Demonstrator’ Prevention Programme as part of the 15/16 project. National rollout in 16/17.	Key national programme in 5YFV; will become a local CCG priority; in NHSE business plan and a priority of the Diabetes and Obesity NCD. Key programme in SCN Business Planning Parameters	<ul style="list-style-type: none"> • Preparatory work to support localities with their 16/17 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.

CARDIOVASCULAR – RENAL AND STROKE

Project Title	Description	Priority Areas	Outcomes
Renal - Acute Kidney Injury (AKI)	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.	<ul style="list-style-type: none"> Domain 1 Outcomes Framework 1a,1b,1.1,2,4,5 NHS England has identified tackling sepsis and acute kidney injury as two specific clinical priorities for improving patient outcomes for 2015/16.(The Forward View into Action: Planning for 2015-16) 	<ul style="list-style-type: none"> This work programme will support a reduction in AKI across Yorkshire & the Humber Increased availability of AKI education – both in primary and secondary care Increased Patient Awareness (link to the national programme)
Renal – Network	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.	<ul style="list-style-type: none"> Domain 1,2,3,4,5 Outcomes Framework, 1a, 1b, 1.1, 2, 2.3(ii), 2.4,4,5,5.6 	<p>This work programme will be support the following in Yorkshire and the Humber:</p> <ul style="list-style-type: none"> An increase in transplantation 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 transition for young people into Adult services
Renal – Dialysis Commissioning	Support the CCG commissioners with the proposed move of dialysis commissioning from specialised to CCGs.	<ul style="list-style-type: none"> CCG & Specialised Commissioning (NHS England) Requirement 	<ul style="list-style-type: none"> Commissioning will move from NHS England to CCGs (if agreed)
Renal – Variation	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.	<ul style="list-style-type: none"> Domain 1 Outcomes Framework 1a,1b,1.1,4,5 	<ul style="list-style-type: none"> Description of the observable changes as a result of this piece of work, and how evidenced <i>E.g. increase in speed of cancer diagnosis; reduction in AKI rates; improved coordination between maternity services; better communication between commissioners</i>
Stroke – HASU Reconfiguration	The SCN is providing support to a review of Hyper-Acute Stroke Services to the three sub-regions, and coordinating a Yorkshire and the Humber approach.	<ul style="list-style-type: none"> The Five Year Forward view highlights stroke as a priority area. <i>The Forward View into Action: Planning for 2015-16:</i> <i>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.</i> 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 HASU model. This has been exacerbated due to problems encountered in sustaining a 24/7 service across the patch. 	<ul style="list-style-type: none"> Assurance that the stroke HASU services are resilient and sustainable in Yorkshire and the Humber. This will be evidence through the stroke assurance process (SQUINs) and where necessary external peer review.

CARDIOVASCULAR – RENAL AND STROKE

Project Title	Description	Priority Areas	Outcomes
Renal - Acute Kidney Injury (AKI)	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.	<ul style="list-style-type: none"> Domain 1 Outcomes Framework 1a,1b,1.1,2,4,5 NHS England has identified tackling sepsis and acute kidney injury as two specific clinical priorities for improving patient outcomes for 2015/16.(The Forward View into Action: Planning for 2015-16) 	<ul style="list-style-type: none"> This work programme will support a reduction in AKI across Yorkshire & the Humber Increased availability of AKI education – both in primary and secondary care Increased Patient Awareness (link to the national programme)
Renal – Network	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.	<ul style="list-style-type: none"> Domain 1,2,3,4,5 Outcomes Framework, 1a, 1b, 1.1, 2, 2.3(ii), 2.4,4,5,5.6 	<p>This work programme will be support the following in Yorkshire and the Humber:</p> <ul style="list-style-type: none"> An increase in transplantation 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 transition for young people into Adult services
Renal – Dialysis Commissioning	Support the CCG commissioners with the proposed move of dialysis commissioning from specialised to CCGs.	<ul style="list-style-type: none"> CCG & Specialised Commissioning (NHS England) Requirement 	<ul style="list-style-type: none"> Commissioning will move from NHS England to CCGs (if agreed)
Renal – Variation	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.	<ul style="list-style-type: none"> Domain 1 Outcomes Framework 1a,1b,1.1,4,5 	<ul style="list-style-type: none"> Description of the observable changes as a result of this piece of work, and how evidenced <i>E.g. increase in speed of cancer diagnosis; reduction in AKI rates; improved coordination between maternity services; better communication between commissioners</i>
Stroke – HASU Reconfiguration	The SCN is providing support to a review of Hyper-Acute Stroke Services to the three sub-regions, and coordinating a Yorkshire and the Humber approach.	<ul style="list-style-type: none"> The Five Year Forward view highlights stroke as a priority area. <i>The Forward View into Action: Planning for 2015-16:</i> <i>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.</i> 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 HASU model. This has been exacerbated due to problems encountered in sustaining a 24/7 service across the patch. 	<ul style="list-style-type: none"> Assurance that the stroke HASU services are resilient and sustainable in Yorkshire and the Humber. This will be evidence through the stroke assurance process (SQUINs) and where necessary external peer review.

MHDN – MENTAL HEALTH	Project Title	Description	Priority Areas	Outcomes
	Improving access to MH Crisis Care	Implementation of the MH Crisis Care Concordat	<ul style="list-style-type: none"> NHS England Business Plan 2015-16 NHS Mandate NHS Outcomes Framework Achieving Better Access to MH 2020 Five year Forward View (5YFV) 	<ul style="list-style-type: none"> Training of 100 front line staff in YH in the management of crisis MH care Four fully established YH 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
	Implementation of the Better Access to mental health 2020	Supporting CCGs/providers to deliver the EIP/IAPT standards by 31/3/16	<ul style="list-style-type: none"> NHS England Business Plan 2015-16 NHS Mandate NHS Outcomes Framework Achieving Better Access to MH 2020 Five year Forward View (5YFV) 	<ul style="list-style-type: none"> Delivery of the EIP/IAPT standards across all CCGs in Y&H. S136 suites available in all areas. MHCC action plans delivered across all CCGs
	Improving Access to Psychological Therapies	Development of Y&H IAPT Providers Network to support quality and innovation whilst also ensuring clear communication links to Mental Health CCG Commissioners.	<ul style="list-style-type: none"> NHS England Business Plan 2015-16 NHS Mandate NHS Outcomes Framework /Achieving Better Access to MH 2020 Five year Forward View (5YFV) 	<ul style="list-style-type: none"> Group established with clear governance arrangements/ Good level of engagement by all YH providers. Improvements in key IAPT targets and delivery of 31/3/16 standards in MH 2020
	Primary Mental Health Care - Developing MH GP leadership in YH	To have a clear structure to support improvement in MH care across Primary care	<ul style="list-style-type: none"> NHS England Business Plan 2015-16 NHS Mandate NHS Outcomes Framework /Achieving Better Access to MH 2020 Five year Forward View (5YFV) 	<ul style="list-style-type: none"> GP action learning set up and running. Clear set of guidelines / guiding principles for achieving POE in general practice. Clear established arrangements for a 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
	Integrating physical and Mental Health	Achieving parity of esteem in physical and mental health	<ul style="list-style-type: none"> NHS England Business Plan 2015-16 NHS Mandate NHS Outcomes Framework Achieving Better Access to MH 2020 Five year Forward View (5YFV) 	<ul style="list-style-type: none"> Publication of a set of recommended measures for use by GPs/providers in YH that demonstrate delivery of equitable services to MH patients
	Underpinning and Supporting Mental Health Work in PHE and Offender Health	Supporting PHE and National Offender Management Services (NOMS) to develop their work and co facilitate meetings/events with them	<ul style="list-style-type: none"> NHS England Business Plan 2015-16 NHS Mandate NHS Outcomes Framework Achieving Better Access to MH 2020 Five year Forward View (5YFV) 	<ul style="list-style-type: none"> Increase referral and access rates for offenders contributing to overall increase in referrals to IAPT
	Underpinning and Supporting Mental Health Work in NHS England (N) , PHE (suicide), CAMHS, Peri Natal MH and internal adult MH SCN activities	Supporting other agencies to deliver their work programme using the expertise and contacts of the adult MH SCN	<ul style="list-style-type: none"> NHS England Business Plan 2015-16 NHS Mandate NHS Outcomes Framework /Achieving Better Access to MH 2020 Five year Forward View (5YFV) 	<ul style="list-style-type: none"> Improved co-ordination of SCNs and NHS agencies and improved communication routes

MHDN - NEUROLOGY	Project Title	Description	Priority Areas	Outcomes
	Headache Management	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	Encompasses urgent care, unplanned care and long term conditions, working to improve health outcomes by redesigning care as outlined in the following policies: <ul style="list-style-type: none"> NHS England Business Plan 15/16 The Mandate 15/16 Five Year Forward View NHS Outcomes Framework (LTCs) 	<ul style="list-style-type: none"> 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
	Epilepsy	To develop a best practice epilepsy management pathway of care	Encompasses urgent care, unplanned care and long term conditions, working to improve health outcomes by redesigning care as outlined in the following policies: <ul style="list-style-type: none"> NHS England Business Plan 15/16 The Mandate 15/16 Five Year Forward View NHS Outcomes Framework (LTCs) 	<ul style="list-style-type: none"> Agreed epilepsy pathway of care Reduction in the risk of second seizure due to poor medical management Improve symptom management of epilepsy in Primary and Secondary care Reduce mortality associated with poor epilepsy management Improved understanding of the data associated with epilepsy
	Improve access to neuro-rehabilitation	Reduce regional variation in rehab services and identify improvements that support outcomes aimed at facilitating independence for patients with neurological problems	Encompasses urgent unplanned care and long term conditions, working to improve health outcomes by redesigning care as outlined in the following policies: <ul style="list-style-type: none"> NHS England Business Plan 15/16 The Mandate 15/16 Five Year Forward View NHS Outcomes Framework (LTCs) 	<ul style="list-style-type: none"> 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
	Improve the outcomes for people with Neurological Conditions	Scope the impact and application of impending Neurology Improvement Standards to Yorkshire and the Humber services	Encompasses urgent care, unplanned care and long term conditions, working to improve health outcomes by redesigning care as outlined in the following policies: <ul style="list-style-type: none"> NHS England Business Plan 15/16 The Mandate 15/16 Five Year Forward View NHS Outcomes Framework (LTCs) 	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
	Supporting other agencies/SCNs with neurology related work programmes	Contribute to programmes of work being done by other agencies namely: <ul style="list-style-type: none"> 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 MH SCN: Support functional neurology/MH and neuropsychology interlinks Dementia and those neurological conditions that can result in impaired memory and cognitive ability Voluntary Sector: Support YAHNO in their 	Encompasses urgent care, unplanned care and long term conditions, working to improve health outcomes by redesigning care as outlined in the following policies: <ul style="list-style-type: none"> NHS England Business Plan 15/16 The Mandate 15/16, Five Year Forward View and NHS Outcomes Framework (LTCs) 	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.

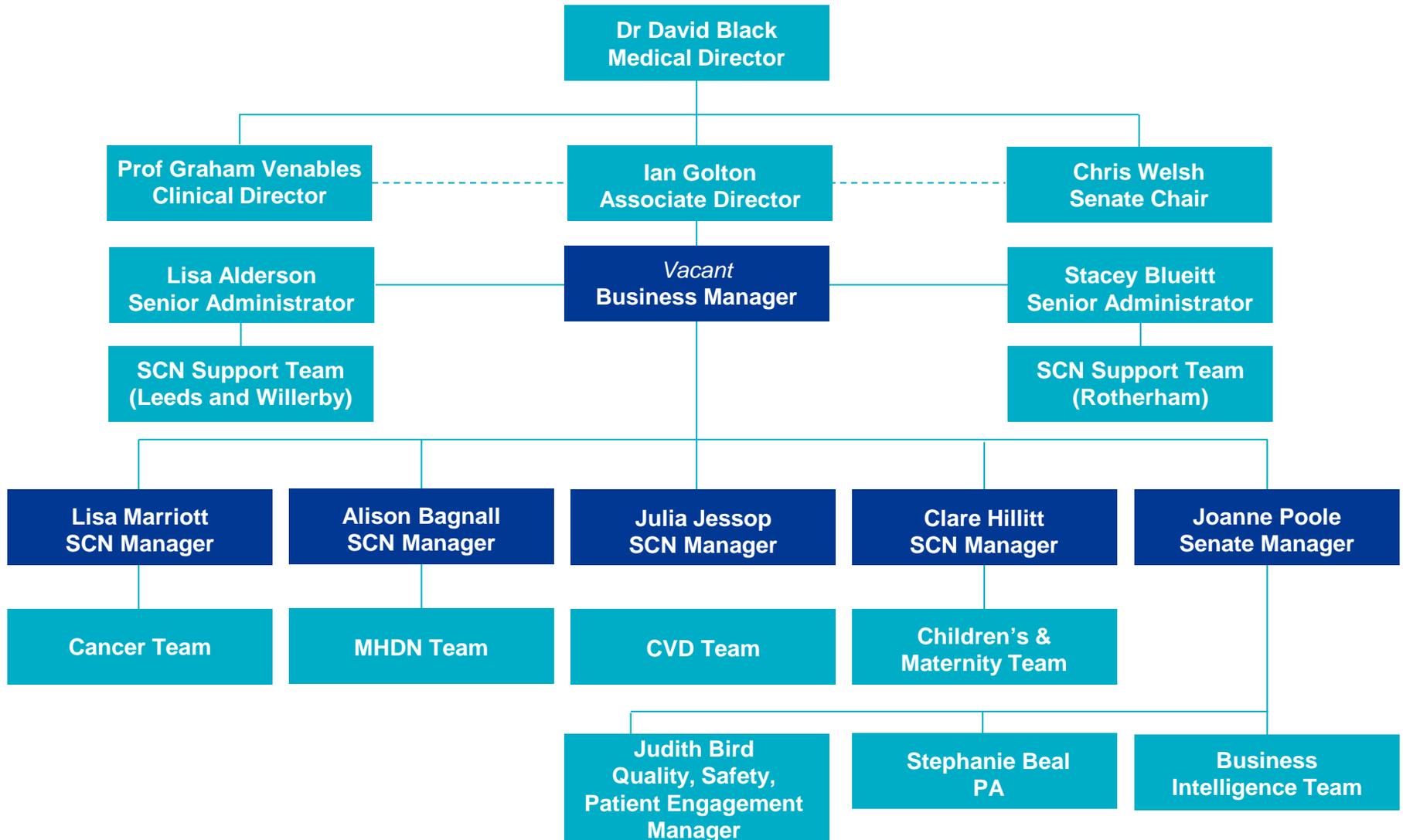
	pathway design/collaborate with improvement initiatives and engage patients in focus groups		
Underpinning support for the Neurology SCN work programme	Provision of infrastructure support to enable the Neurology SCN to function	Encompasses urgent care, unplanned care and long term conditions in the following policies: <ul style="list-style-type: none"> NHS England Business Plan 15/16 The Mandate 15/16 Five Year Forward View NHS Outcomes Framework (LTCs) 	System management for Neurology services across Yorkshire and the Humber: One hub for all issues related to neurology

MHDN – DEMENTIA	Project Title	Description	Priority Areas	Outcomes
	Diagnosis	Improving and sustaining dementia diagnosis rates across Yorkshire & Humber – tools and information support	<ul style="list-style-type: none"> The NHS England Business Plan 15/16; The NHS Mandate Five Year Forward View (5YFV); The NHS Outcomes Framework 15/16 PM's Challenge on Dementia 2020; Better Access to Mental Health : 2020 	<ul style="list-style-type: none"> Achieve and maintain a minimum 67% dementia diagnosis rate across all CCGs in Y&H DES system searches, template and linked documentation (Advance Care Plan) available Links to Dementia 3 (improved access to specialist diagnosis)
	Primary Care Engagement	Supporting and enabling primary care to diagnose, manage and support people living with dementia and family carers	<ul style="list-style-type: none"> The NHS England Business Plan 15/16 and The NHS Mandate Five Year Forward View (5YFV) /The NHS Outcomes Framework 15/16 PM's Challenge on Dementia 2020 /Better Access to Mental Health : 2020 	<ul style="list-style-type: none"> Competencies for diagnosis of dementia by non-specialists Concise framework to support diagnosis of advanced dementia by non-specialists Increased knowledge of dementia and benefits of diagnosis within primary care Increased number of dementia friendly GP practices Increased number of GPs enrolled in relevant training courses
	Improving access to specialist diagnosis and follow up		<ul style="list-style-type: none"> The NHS England Business Plan 15/16 and The NHS Mandate Five Year Forward View (5YFV) /The NHS Outcomes Framework 15/16 PM's Challenge on Dementia 2020 /Better Access to Mental Health : 2020 	<ul style="list-style-type: none"> 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
	Post Diagnostic Support	To improve peri- and post- diagnostic support for patients with dementia and family carers	<ul style="list-style-type: none"> The NHS England Business Plan 15/16 and The NHS Mandate Five Year Forward View (5YFV) /The NHS Outcomes Framework 15/16 PM's Challenge on Dementia 2020 /Better Access to Mental Health : 2020 	<ul style="list-style-type: none"> 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 Y&H 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
	Improving End of Life (EoL) care	<ul style="list-style-type: none"> Developing and implementing guidance for CCGs/LA to improve EoL care across all care 	<ul style="list-style-type: none"> The NHS England Business Plan 15/16 and The NHS Mandate 	<ul style="list-style-type: none"> Evidence base reviewed, findings summarised and publication of recommendations.

	settings	<ul style="list-style-type: none"> • Five Year Forward View (5YFV) /The NHS Outcomes Framework 15/16 • PM's Challenge on Dementia 2020 /Better Access to Mental Health : 2020 	<ul style="list-style-type: none"> • 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.
Care Planning	Care planning and person-centred care for people living with dementia and family carers	<ul style="list-style-type: none"> • The NHS England Business Plan 15/16 and The NHS Mandate • Five Year Forward View (5YFV) /The NHS Outcomes Framework 15/16 • PM's Challenge on Dementia 2020 /Better Access to Mental Health : 2020 	<ul style="list-style-type: none"> • 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)
Communications	Communications, Supporting Integrated Working, Achieving Consensus and Sharing Good Practice	<ul style="list-style-type: none"> • The NHS England Business Plan 15/16 and The NHS Mandate • Five Year Forward View (5YFV) /The NHS Outcomes Framework 15/16 • PM's Challenge on Dementia 2020 /Better Access to Mental Health : 2020 	<ul style="list-style-type: none"> • Stakeholders have a regular opportunity to collaborate and receive direct contributions from the SCN team to achieve the requirements of the Policy areas above
Care Homes	Improving diagnosis and management of people living with dementia in the care home setting	<ul style="list-style-type: none"> • The NHS England Business Plan 15/16; The NHS Mandate • Five Year Forward View (5YFV); The NHS Outcomes Framework 15/16 • PM's Challenge on Dementia 2020; Better Access to Mental Health : 2020 	<ul style="list-style-type: none"> • 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

Appendix B - SCN Organogram

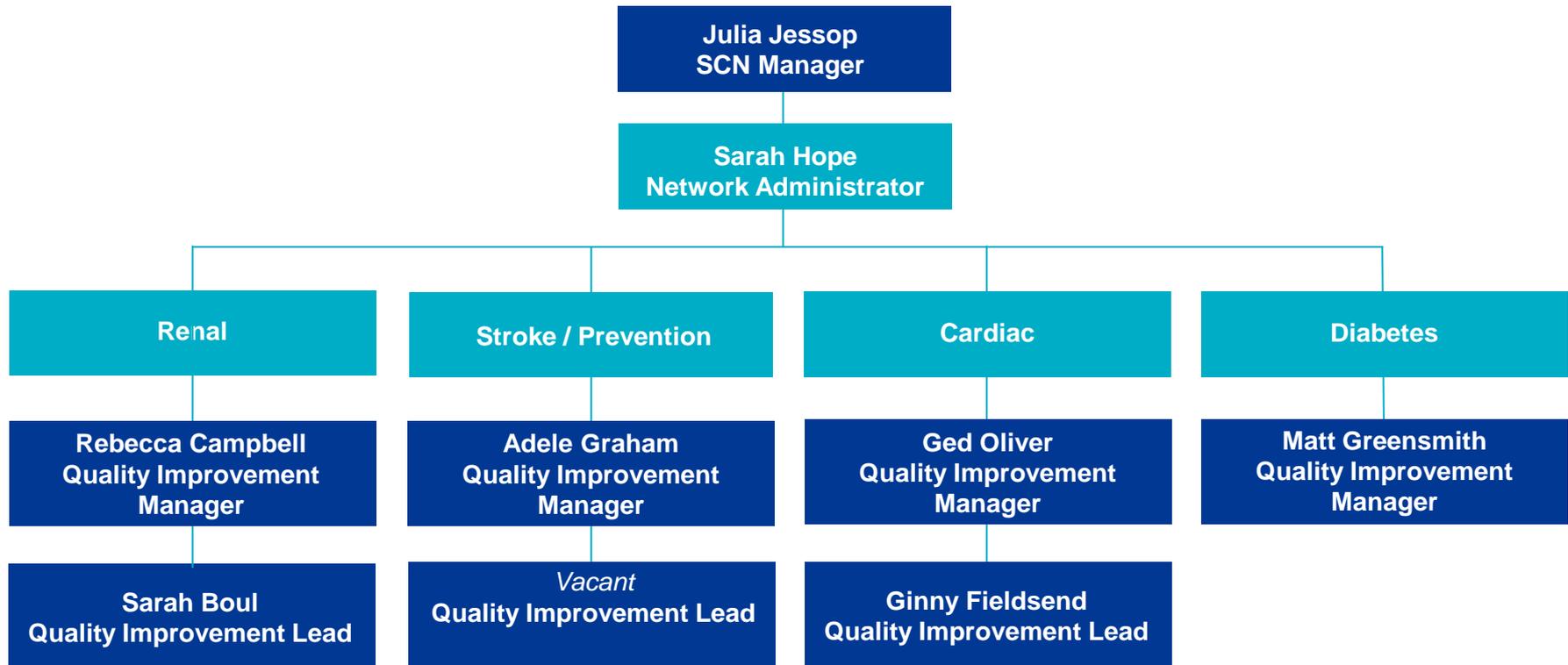
Yorkshire and the Humber SCN & Senate



Cancer Team

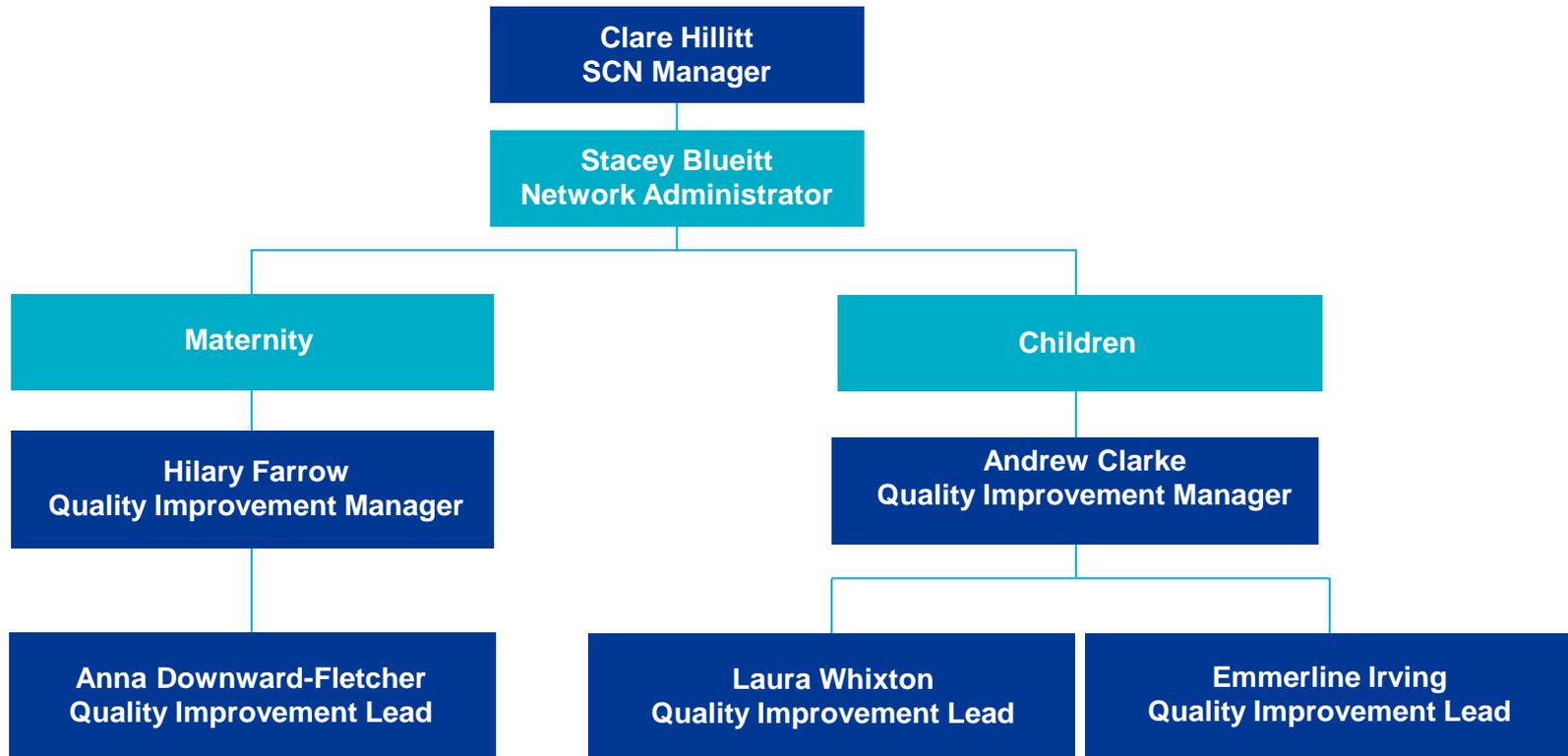


Cardiovascular Team



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
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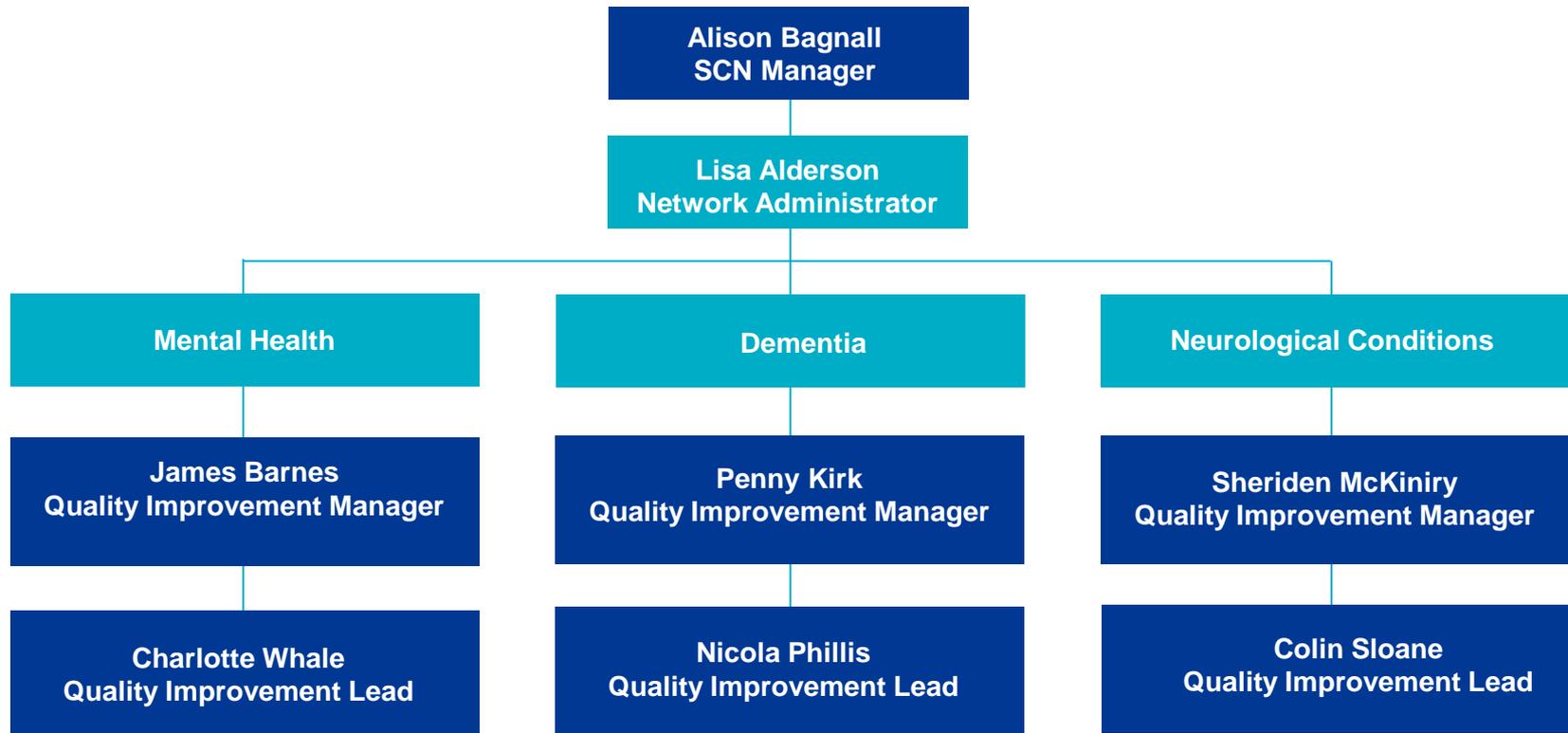
Children's and Maternity Team



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)

Mental Health, Dementia and Neurological Conditions Team



Clinical Leads / GP Advisor

Dr Wendy Burn & Dr Oliver Corrado – Dementia
Dr Sara Humphrey, GP Advisor (Dementia)
Dr Helen Ford & Mr David Broomhead – Neurological Conditions
Dr Ian Aldridge – Mental Health

