Business Plan — 2017/18

Yorkshire and the Humber Clinical Networks
INTRODUCTION

Clinical Networks (CNs) are uniquely positioned to support the transformation needed within many parts of the health and care system. Since their inception in 2013, CNs have supported improvement in services across Yorkshire and the Humber. This business plan outlines an ambitious programme of work with clinicians, commissioners, providers, and patients to improve outcomes and make best use of resources.

The health and care system continues to face considerable challenge to both improve quality of care and improve efficiency. Networks can support cooperative action between organisations that results in improved understanding, supports joint ventures and leads to better patient experience and outcomes.

BACKGROUND TO CLINICAL NETWORKS

Clinical Networks have continued to evolve since the major NHS change of 2013. In 2016/17 we saw the completion of the Smith Review into leadership and improvement support across the NHS and the recommendations of the review are now guiding the work of CNs.

Key changes arising from the review were to repurpose networks to concentrate in key priority areas of clinical practice, and to align more closely with mainstream NHS development goals. This has led to a focus on fewer clinical areas than originally conceived, with strengthened emphasis placed on cancer, mental health, dementia, diabetes and maternity care.

Funding for Clinical Networks is provided by NHS England through a mixture of ‘running costs’ and ‘programme’ budgets. The latter also includes elements provided by National Priority Programme Teams and linked to their development and improvement targets.
Clinical Networks have existed in many forms since the first formal networks were developed in cancer and CHD around 2000. The fundamental principle - providing a vehicle for improved understanding and action between organisations - has remained consistent. Research into networks over recent years has confirmed the value and effectiveness of this approach.

As noted, the current iteration of clinical networks began with the introduction of the NHS reforms of 2013 and further developed by the Smith review of 2016.

The role of Clinical Networks is to:
- enable clinical and patient engagement, informing commissioning decisions and guiding strategic change;
- define and drive quality improvement, operating across complex pathways of care and promoting improvements in outcomes and experience;
- co-ordinate and support commissioners and providers, reducing unwarranted variation, improving cohesion and ensuring sustainable services within a single pathway of care for staff and patients, both now and in the future.

The application of these principles is guided by the needs of the health and care system within Yorkshire and the Humber, and the local interpretation of the national NHS development priorities. The specific activities of Clinical Networks in Yorkshire and the Humber are described in this business plan.

Development of the Business Plan

Networks aim to occupy the intersection of the complex Venn diagram of NHS and social care priorities, both local and national. The key determinants of network activity reflect the drivers for the broader health and care system and include:
- The NHS Constitution and Mandate, and their required standards for delivery of care;
- The NHS Five Years Forward View;
- The priorities and ‘deliverables’ of National Priority Programmes;
- The aims and development goals contained within the three Sustainability and Transformation Plans (STPs) within Yorkshire and the Humber.

All of the above are referenced in the individual network plans to highlight the contribution made by networks to delivery of operational goals and strategic change.

STPs are the key determinant of network direction given that they are the synthesis of local ambitions to deliver the standards of the NHS Constitution, the development goals supported through national programmes, and the transformation outlined in the Five Year Forward View.

The plans for each area of work have been developed through extensive consultation with leaders and participants in the health and social care system across the region.

As STPs continue to develop, and proposed system changes are solidified into plans over coming months, so too will network plans evolve to meet the emerging needs for system support. Consequently the Clinical Network business plan is ‘modular’ in construction so that clear decisions can be taken to amend or re-prioritise work as STP goals are defined.
DELIVERY OF THE BUSINESS PLAN

The delivery of this plan will be led by the Clinical Network Support Team. The team comprises a core of quality improvement and support staff, and a number of Clinical Leads and Advisors. Details of the team are provided in the Appendix.

The role of the team is to harness and assist the work of the clinicians, managers, commissioners and others that comprise the health and social care system. The success of collective working comes through the strength of combined action, with the networks providing the ‘connective tissue’ between the component parts.

The plan describes both specific network-led projects, where quality improvement staff will provide direct project support, and the underlying network structures that enable the cooperation and shared understanding necessary for development and improvement. This latter form of work - the groups, fora, conferences and meetings run by the Support Team - develops and maintains relationships across sectors and between organisations. This is vital to the success of the system as a whole, ensuring that commissioning decisions are clinically guided, and that clinicians understand both patient and commissioner perspectives on service delivery and change.

REVIEW AND DEVELOPMENT

Many aspects of STPs are still developing as the ‘proposals’ published late last year are converted into ‘plans’. The Clinical Network Support Team will continue to review and collaborate with colleagues - nationally, Regionally and within Yorkshire and the Humber - to adapt to emerging priorities.

The business plan is constructed to allow rebalancing of work as required. There will be a process of formal review of the major themes of work at the end of the second quarter of 2017/18.
## SNAPSHOT OF PRIORITIES FOR 2017 - 2018

### Cancer

<table>
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<tr>
<th>Project reference</th>
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<td>CANCER 1</td>
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<tr>
<td>CANCER 2</td>
<td>Supporting the Delivery of the Sustainability and Transformation Plans and National Taskforce Ambition through the Humber Coast and Vale Cancer Alliance</td>
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<tr>
<td>CANCER 3</td>
<td>Supporting the Delivery of the Sustainability and Transformation Plans and National Taskforce Ambition through the South Yorkshire, Bassetlaw &amp; North Derbyshire Cancer Alliance</td>
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<td>CANCER 4</td>
<td>Supporting the Delivery of the Sustainability and Transformation Plans and National Taskforce Ambition through the West Yorkshire &amp; Harrogate Cancer Alliance</td>
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### Diabetes and CVD Prevention

#### Diabetes

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<td>DIABETES 4</td>
<td>NHS Diabetes Treatment &amp; Care Programme: Specialist Teams</td>
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#### CVD Prevention

| CVD 1             | Improving Treatment & Care                                                    |
# Snapshot of Priorities for 2017 - 2018

## CYPMH and Maternity

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<thead>
<tr>
<th>Project reference</th>
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<td><strong>Children’s and Young Peoples Mental Health</strong></td>
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<td>CYPMH 1</td>
<td>Stairways (CYP Engagement)</td>
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<td>CYPMH 2</td>
<td>Data and Information</td>
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<td>Vulnerable Children</td>
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<td>CYPMH 7</td>
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<td>CYPMH 8</td>
<td>Urgent and Emergency CYP Mental Health Care</td>
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<td>CYPMH 9</td>
<td>All age MH Services</td>
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<tr>
<td>CYPMH 10</td>
<td>Specialist Interest Sub Networks and CYP MH Horizon Scanning</td>
</tr>
</tbody>
</table>

## Maternity

| M 1 | Maternity Transformation Programme – local implementation |
| M 2 | Development of Local Maternity Systems |
| M 3 | Stillbirths |
| M 4 | Perinatal Mental Health |
| M 5 | Maternal Enhanced and Critical Care |
| M 6 | Yorkshire and the Humber Maternity Dashboard |
| M 7 | Safer Maternity Care |

## CYPMH and Maternity

| CYPMH&M 1 | CN Organisational Development |
| CYPMH&M 2 | Collaborative Commissioning |
| CYPMH&M 3 | Working with NHS England (North) and NHS England (Yorkshire & Humber) on CYPMH and Maternity Work Programmes |
| CYPMH&M 4 | Working with the Y&H STP Programme Offices on CYPMH and Maternity Plans |
## SNAPSHOT OF PRIORITIES FOR 2017 - 2018

### Adult Mental Health and Dementia

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<tr>
<td>MH 1</td>
<td>Urgent and Emergency Mental Health Care</td>
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<tr>
<td>MH 2</td>
<td>Implementation of the Better Access to Mental Health 2020 – Early Intervention in Psychosis (EIP)</td>
</tr>
<tr>
<td>MH 3</td>
<td>Improving Access to Psychological Therapies (IAPT)</td>
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<tr>
<td>MH 4</td>
<td>Improving Liaison Mental Health (LMH) Services in Y&amp;H</td>
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<tr>
<td>MH 5</td>
<td>Underpinning and Supporting Mental Health Work</td>
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<td><strong>Dementia</strong></td>
<td></td>
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<tr>
<td>D 1</td>
<td>Diagnosing and Supporting Well</td>
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<tr>
<td>D 2</td>
<td>5YFV: Improving the Acute Care Pathway for Older People including People with Dementia</td>
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<td>D 3</td>
<td>Mental Health Five Year Forward View: Improving Older People’s Mental Health</td>
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<tr>
<td>D 4</td>
<td>Dying Well with Dementia</td>
</tr>
<tr>
<td>D 5</td>
<td>Underpinning and Supporting Older People’s MH and Dementia work across the region</td>
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<td>Working with NHS England (North) and NHS England (Yorkshire &amp; Humber) on Adult and Older People’s MH/Dementia Work Programmes</td>
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<tr>
<td>MHD 2</td>
<td>Working with the three Y&amp;H STP Programme Offices on their Adult and Older people’s MH/ Dementia Plans</td>
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</table>
Cancer

The Cancer work programmes have been developed in line with the requirements set out in national Cancer Taskforce policy. The Clinical Network has supported the development of three Cancer Alliances within Yorkshire and the Humber which are the delivery vehicle for the local cancer priorities for cancer outlined in the three Sustainability and Transformation Plans and for the recommendations outlined within the national Cancer Taskforce policy. The key principles upon which the following executive summary plans are based include:

- Development of clear work programmes with measurable outcomes, driven by both national policy and the requirement and experience of people affected by cancer
- Defined structures to underpin the delivery of the work programmes with robust accountability and governance arrangements, ratified by NHS England and STP/Cancer Alliance Programme Management Offices
- Alignment with the NHS England Regional and Y&H DCO teams for mobilisation, facilitation and assurance of cancer work programmes
- Strong clinical engagement and work across organisational boundaries within the NHS and across the wider stakeholder environment
- Sharing what has worked well and spreading best practice
- Understanding of the key improvement metrics for cancer within the Cancer Outcomes Dataset and CCG Improvement and Assessment Framework (IAF).

The focus of the Y&H Cancer work programme for 2017 can be summarised as supporting delivery of the Cancer Alliance Delivery Plans specifically:

- Co-production of collaborative Cancer Alliance action plans as members of executive steering groups/Boards
- Provide clinical leadership to inform the development of new models of working and engage the clinical workforce
- Provide clinical expertise: Assimilating information and sourcing/offering an independent viewpoint, based on experience and knowledge of cancer
- Facilitate and support transitional governance and assurance arrangements at Y&H and North regional levels
- Promote early adoption and spread best practice at scale from national programmes/Vanguard and local Alliances
- Identifying best practice opportunities to up and down scale across Yorkshire and the Humber
- Identify, align and lead on specific pan Alliance/STP programmes including NHS England commissioned services
- Facilitating meaningful patient engagement to improve experience and reduce variation
- Project management of specific work streams to support the delivery of the action plans
- Monitoring performance against the work stream action plans, outlining risks to delivery and working with stakeholders to propose remedial actions.

The work programmes will be reviewed during Q2 of 2017-18 to ensure they remain aligned with national and regional policy and local STP requirements.
CANCER 1 - Project Title: Developing a Business Care for Commissioning a Faecal Immunochemical Test (FIT) service for Symptomatic Patients

Description
Develop a business case and options appraisal to deliver a FIT service across Y&H for symptomatic patients to promote early diagnosis and achievement of 28 day standard in colorectal cancer.

Priority areas
This programme of work contributes to the early diagnosis programme of the National Cancer Taskforce and Cancer Alliance Delivery Plans. The cancer drivers are available here.

Outcomes
• Greater awareness and empowerment of primary care in the management of people with symptoms that do not fulfil 2ww criteria and the ability to rule out cancer
• Reduced colonoscopies; efficient utilisation of diagnostic capacity
• Delivery of 28 day standard
• Delivery of 62 day standard for colorectal cancer.

Role of the Clinical Network
• Explore opportunities for alignment with NHS England screening programme and collaborative commissioning on a Y&H footprint and embed into Alliance Delivery Plans
• Establish clinical consensus and engagement
• Lead the development of a business case and develop options based on new NICE guidance (expected April 2017)
• Stakeholder engagement with options and development of service delivery model and specification
• Project manage the development and implementation of FIT
• Facilitate collaborative commissioning via the three Clinical Alliances.

Partners and associate in this work
Cancer Alliances, NHS England Screening Cancer Alliances, NHS England Screening, Charities, Patient Groups, STP PMO, CCGs, Hospital Trusts, Local Authorities, Cancer Charities, Patient groups, Public health, STP & place based plans prevention leads, NHS England DCO team, NHS England Specialised commissioning, Primary care / LMC.

Summary of Project Plan / KPIs - Main activities and milestones

Q1 - 2
• Draft business plan and high level implementation plan
• Scope new model and develop options based on NICE guidance
• Engage stakeholders in design
• Develop detailed plan for implementation
• Map current and potential future patient numbers
• Risk identification and solutions.

Q3 - 4
• Engagement with options and development of service delivery model and specification
• Commission service to start 18/19.
## Description

The vision for cancer is articulated as a key component of the STP; as a means of delivering the national cancer strategy within the STP ‘footprint’. Local STP areas are supported by the establishment of Cancer Alliances (in line with national timescales) as a means of delivering the STP aims and ambitions. The Cancer Clinical Network team leads and/or supports the delivery of specific projects within the Cancer Alliance work programme; the input of which is to be clearly defined as part of the programme management arrangements within each Cancer Alliance.

## Priority areas

This programme of work contributes to the early diagnosis programme of the National Cancer Taskforce and Cancer Alliance Delivery Plans. The cancer drivers are available [here](#).

## Outcomes

Mobilise specific projects defined within the Cancer Alliance Delivery plan to improve clinical outcomes, patient experience and financial efficiency.

## Role of the Clinical Network

The Work Streams below have been initially identified as priorities in Humber Coast & Vale. The Clinical Network will support the planning and delivery of these projects.

| Continued Operational Delivery: Project Management & Clinical Leadership | • Inter Provider Trust policy Implementation  
| | • Identifying and addressing variation  
| | • Maintaining good patient experience  
| | • Monitoring performance through the cancer dashboard.  
| Early Awareness and Diagnosis: Project Management & Clinical Leadership | • Commissioning a FIT service for symptomatic patients  
| | • Develop an aligned primary care approach with CRUK and Macmillan to improve the interface of primary care and secondary care in cancer pathways. Link to the WY&H Alliance work on quality standards  
| | • Develop pathways to support management of vague symptoms in primary care to achieve 28 day standard.  
| Pathways and Treatment: Project management & Clinical Leadership | • Implementing the High Value Pathways (Colorectal and Prostate)  
| | • Developing the Lung pathway in line with the national specification (standard and optimum)  
| | • Brain and CNS model.  
| Living With and Beyond Cancer Programme: Project Management & Clinical Leadership | • Implementation of the national LWABC model (risk stratified follow up, health needs assessments).  
| Diagnostics: Strategic modelling | • Supporting delivery of successful bids for transformation funds regarding developing a system wide sustainable diagnostics model (linked to the STP wider diagnostics work stream).  

## Partners and associate in this work

Cancer Alliances, NHS England Screening, Charities, Patient Groups, STP PMO, CCGs, Hospital Trusts, Local Authorities, Cancer Charities, Patient groups, Public health, STP & place based plans prevention leads, NHS England DCO team, NHS England Specialised commissioning, Primary care / LMC.

## Summary of Project Plan / KPIs - Main activities and milestones

### 16/17 Q4 – 17/18 - 2

• Finalise Cancer Alliance Plan and associated work streams  
• Develop infrastructure and project plans for each work stream  
• Mobilise the work stream  
• Initiate robust programme and project management.

### Q3 - 4

• Continued programme and project management and evaluation.
CANCER 3 - Project Title: Supporting the Delivery of the Sustainability and Transformation Plans and National Taskforce Ambition through the South Yorkshire & Bassetlaw Cancer Alliance

Description
The vision for cancer is articulated as a key component of the STP; as a means of delivering the national cancer strategy within the STP "footprint". Local STP areas are supported by the establishment of Cancer Alliances (in line with national timescales) as a means of delivering the STP aims and ambitions. The Cancer Clinical Network team leads and/or supports the delivery of specific projects within the Cancer Alliance work programme; the input of which is to be clearly defined as part of the programme management arrangements within each Cancer Alliance.

Priority areas
This programme of work contributes to the early diagnosis programme of the National Cancer Taskforce and Cancer Alliance Delivery Plans. The cancer drivers are available here.

Outcomes
Mobilise specific projects defined within the Cancer Alliance Delivery plan to improve clinical outcomes, patient experience and financial efficiency

Role of the Clinical Network
The Work Streams below have been initially identified as priorities in South Yorkshire, Bassetlaw & North Derbyshire. The Clinical Network will support the planning and delivery of these projects.

| Cancer Intelligence: Project Management & Clinical Leadership | • Inter Provider Trust policy Implementation including targeted pathway work with Upper GI & H&N pathways  
• Identifying and addressing variation  
• Maintaining good patient experience  
• Monitoring performance through national and local cancer dashboards. |
| Early Awareness and Diagnosis: Project Management & Clinical Leadership | • Commissioning a FIT service for symptomatic patients  
• Develop an aligned primary care approach with CRUK and Macmillan to improve the interface of primary care and secondary care in cancer pathways. Link to the WY&H work on quality standards  
• Develop pathways to support management of vague symptoms in primary care to achieve 28 day standard  
• Targeting interventions for lung pathways  
• Supporting the delivery of successful bids via the transformation funds to deliver sustainable diagnostics. |
| High Value Pathways (Treatment): Project management & Clinical Leadership | • Implementing the High Value Pathways (Colorectal and Prostate)  
• Implementing a sustainable model of chemotherapy delivery  
• Pan Alliance work on radiotherapy and Acute Oncology. |

Partners and associate in this work
Cancer Alliances, NHS England Screening, Charities, Patient Groups, STP PMO, CCGs, Hospital Trusts, Local Authorities, Cancer Charities, Patient groups, Public health, STP & place based plans prevention leads, NHS England DCO team, NHS England Specialised commissioning, Primary care / LMC.

Summary of Project Plan / KPIs - Main activities and milestones

16/17 Q4 – 17/18 - 2
• Finalise Cancer Alliance Plan and associated work streams  
• Develop infrastructure and project plans for each work stream  
• Mobilise the work stream  
• Initiate robust programme and project management

Q3 - 4
• Continued programme and project management and evaluation.
**CANCER 4 - Project Title: Supporting the Delivery of the Sustainability and Transformation Plans and National Taskforce Ambition through the West Yorkshire & Harrogate Cancer Alliance**

**Description**

The vision for cancer is articulated as a key component of the STP; as a means of delivering the national cancer strategy within the STP "footprint". Local STP areas are supported by the establishment of Cancer Alliances (in line with national timescales) as a means of delivering the STP aims and ambitions. The Cancer Clinical Network team leads and/or supports the delivery of specific projects within the Cancer Alliance work programme; the input of which is to be clearly defined as part of the programme management arrangements within each Cancer Alliance.

**Priority areas**

This programme of work contributes to the early diagnosis programme of the National Cancer Taskforce and Cancer Alliance Delivery Plans. The cancer drivers are available [here](#).

**Outcomes**

Mobilise specific projects defined within the Cancer Alliance Delivery plan to improve clinical outcomes, patient experience and financial efficiency.

**Role of the Clinical Network**

The Work Streams below have been initially identified as priorities in West Yorkshire & Harrogate. The Clinical Network will support the planning and delivery of these projects.

| Prevention, Early Diagnosis, Screening; Project Management | • Access to diagnostic tests  
| • Multi-disciplinary diagnostics & roll out of ACE  
| • Locality plans for optimal screening update  
| • Commissioning a FIT service for symptomatic patients  
| • Development of primary care quality standards. |

| High Quality Services Project Management & Clinical Leadership | • Effective MDT working & appropriate pathways  
| • Service configuration and efficiency gains  
| • Flexible use of palliative and End of Life Care services  
| • Cancer Waiting Times delivery across WY & H. |

| Patient Experience | • Review CPES  
| • Digitised cancer patient pathway  
| • Breast Cancer now service pledge  
| • New approaches for commissioning CNS or key worker  
| • Baseline MDT patient surveys. |

**Partners and associate in this work**

Cancer Alliances, NHS England Screening, Charities, Patient Groups, STP PMO, CCGs, Hospital Trusts, Local Authorities, Cancer Charities, Patient groups, Public health, STP & place based plans prevention leads, NHS England DCO team, NHS England Specialised commissioning, Primary care / LMC.

**Summary of Project Plan / KPIs - Main activities and milestones**

| 16/17 Q4 – 17/18 - 2 | • Finalise Cancer Alliance Plan and associated work streams  
| • Develop infrastructure and project plans for each work stream  
| • Mobilise the work stream  
| • Initiate robust programme and project management. |

| Q3 - 4 | • Continued programme and project management and evaluation. |
Diabetes and CVD Prevention

The Diabetes work programme has been developed to support the requirements of the two national diabetes priority programmes and the CVD prevention programme. It is also aligned to support delivery of the local priorities outlined in the three Sustainability and Transformation Plans within Yorkshire and the Humber. Ultimately the work aims to support the following outcomes:

- Reduction in Projected Growth in Incidence of Diabetes through supporting the National Diabetes Prevention Programme to deliver referral of 500 people per 100,000 population annually
- More People Supported to manage their own Care Effectively by delivering a 10% year on year increase in the number of newly diagnosed people attending Structured Patient Education:
- Improving the Treatment and Care Received to deliver 40% performance against the 3 NICE Treatment Targets; Access to Multidisciplinary diabetic foot teams and specialist diabetes IP teams
- Delivering continued improvement in participation in the National Diabetes Audit to evidence implementation and improvement in outcomes.

The Clinical Network has developed key working relationships with the national programme, North Regional Diabetes Programme Board and Y&H DCO teams to ensure a comprehensive and aligned approach to governance, understanding variation in performance, co-ordinating support and sharing of best practice. Alignment with other key support organisations including Diabetes UK and Rightcare is also key to maximising opportunities and added value from our support. In addition to supporting the delivery of specific programmes of care, the clinical network is integral in supporting diabetes localities by performing the following roles:

- Providing clinical advice and leadership; promoting priority areas & engaging workforce
- Co-production of strategic collaborative bids aligned with NHS England Best Possible Value Framework /service specifications/quality standards; providing clinical expertise, evidence and context to gain stakeholder buy in
- Assimilating information and data; providing ‘intelligence’ to support actions to improve
- Sourcing and providing independent clinical expertise; promoting constructive challenge to new service models/pathways
- Identifying best practice opportunities to up and down scale across Yorkshire and the Humber; promoting delivery at pace and scale.

The work programmes will be reviewed during Q2 of 2017-18 to ensure they remain aligned with national and regional policy and local STP requirements.
**DIABETES 1 - Project Title: NHS Diabetes Prevention Programme (DPP)**

**Description**

The NHS Diabetes Prevention Programme (DPP) is fundamental to the strategic vision to tackle diabetes and obesity in the NHS England Business Plan. The programme aims to identify and refer individuals with Non Diabetic Hypoglycaemia into intensive lifestyle behavioural interventions. Programme providers are contracted through a national procurement framework. The Clinical Network provided support and oversight for the First wave sites in Y&H who commenced their programmes in 16/17. During 16/17 a further two STP level bids were successfully supported and will commence in 17/18 providing full coverage across South Yorkshire & Bassetlaw STP and West Yorkshire & Harrogate STP.

**Priority areas**

This programme of work contributes to the NHS priority programmes for diabetes. The diabetes drivers are available [here.](#)

**Outcomes**

- Comprehensive coverage of the DPP in Y&H
- A reduction in projected growth in incidence of diabetes through supporting the National Diabetes Prevention Programme to deliver referral of 500 people per 100,000 population annually.

**Role of the Clinical Network**

In 17/18 the CN will:

- Establish a network of DPP lead organisations to create a transferrable shared knowledge base around referral generation and effective programme delivery; optimising volumes of referral, support local capacity and demand planning to ensure adequate programme capacity is optimised
- Support the North Regional Diabetes Team to provide ongoing assurance of local delivery plans to ensure Wave 1 and Wave 2 programmes meet project milestones
- Work with the remaining CCGs in Humber, Coast & Vale STP to prepare for Wave 3 commencement in 18/19 securing 100% coverage within Y&H. e.g. through establishment of local registers of people with NDH, support to assess referral pathways and plans for implementation.

**Partners and associate in this work**

PHE / NHSE National DPP programme team; North Zone Diabetes Programme Team; PHE Regional centre; CCGs and Local Authorities (within STP footprints) Wave One, Wave Two and prospective Wave 3; DPP Providers.

**Summary of Project Plan / KPIs - Main activities and milestones**

**Q1 - 2**

- Engagement with local programmes
- Participation in local programme governance across regional programmes
- Establish Y&H DPP leads network
- STP scoping and assurance for obesity prevention with region
- Identification of localities to broaden DPP footprint.

**Q3 - 4**

- Work with Wave 3 localities to develop programme bid
- Evaluation of learning from first wave localities
- Establishing local programme governance arrangements for wave 3 DPP sites.
- A review of the work programme will take place in late June 2017 to determine the Q3/Q4 priorities in light of any national policy, funding or YH STP developments that will require adaption of the Networks priorities.
- Work to roll out Digital DPP programme to early adopters.
## DIABETES 2 - Project Title: Structured Patient Education (SPE)

### Description

Structured patient education is the cornerstone of diabetic self-care yet there is poor data around attendance and the programmes commissioned in terms of content and quality standards. Y&H CN was instrumental in undertaking an audit of provision and attendance at SPE across Y&H demonstrating fundamental discrepancies in recording and providing recommendations for improvement. Further to this, a second year report from a survey of providers in Yorkshire and the Humber looking at the provision of structured education is underway.

During 16/17 the network supported the development of transformation funding bids to increase attendance of newly diagnosed people at structured patient education. During 17/18 the Clinical Network will work closely with CCGs and providers who have been awarded funds from successful bids and spread the learning across STP footprints.

### Priority areas

This programme of work contributes to the NHS priority programmes for diabetes. The diabetes drivers are available [here](#).

### Outcomes

Comprehensive understanding of SPE provision and attendance for newly diagnosed type 2 diabetes across Y&H. Improved self-care: An additional 10% of newly diagnosed people with diabetes to attend structured education per year to 2021 leading to improvements in treatment outcomes and a reduction in complications associated with diabetes.

### Role of the Clinical Network

In 17/18 the CN will:

- Produce a comprehensive report outlining an accurate commentary to STPs on the provisions and recording of SPE across Y&H
- Support the North Regional Diabetes Team to provide ongoing assurance of local delivery plans for successful bids to the Diabetes Treatment & Care Programme funding
- Create a transferrable shared knowledge base to rapidly spread best practice
- Work with education providers, CCGs and primary care to implement national guidelines to support increased practice participation in the National Diabetes Audit, improve recording of SPE attendance and promote communication of attendance between providers and primary care clinical records.

Support all localities to develop plans that deliver an additional 10% of newly diagnosed people with diabetes attending structured education per year to 2021.

### Partners and associate in this work

PHE / NHSE National DPP programme team; North Zone Diabetes Programme Team; PHE Regional centre; CCGs and Local Authorities (within STP footprints) Primary care, SPE providers in Y&H.

### Summary of Project Plan / KPIs - Main activities and milestones

| Q1 - 2 | Generate a Y&H SPE report for 15/16 & update and maintain provider contacts on Y&H |
| Q3 - 4 | Network to share outcomes of process and prevent duplication |
| Q1 - 2 | Work with Providers to set up a standard discharge letter, correctly Read coded |
| Q3 - 4 | Measure improvements in recorded attendance |
| Q1 - 2 | Work with CCGs to promote recording of attendance in general practice |
| Q3 - 4 | Prepare for third survey of SPE across Y&H |
| Q1 - 2 | Continue to promote participation in the National Diabetes Audit |
| Q3 - 4 | Facilitate local action planning and identify potential collaborative pieces of work across SPE agenda |
| Q1 - 2 | Identify local projects which have bid successfully for the T&C Programme funding |
### Description

As part of the delivery of the STP process CCGs are expected to ensure that providers have a foot care pathway with adequate capacity in place to enable early referrals for people at risk of diabetic foot disease to foot protection teams and for people with active foot disease to multi-disciplinary foot care. The Clinical Network has established a foot care network which has produced core quality standards for foot care due to the high amputation rate identified within some Y&H localities. A root cause analysis of major amputation was initiated in 16/17 and the network developed tools, protocols and methodology to ensure a common approach and supported the development of bids for the transformation funds for foot care. In 17/18 the network will report its findings and recommendations in the Y&H Regional Root Cause Analysis of Major Amputation as well as supporting the implementation of successful bids to transformation funds.

### Priority areas

This programme of work contributes to the NHS priority programmes for diabetes. The diabetes drivers are available [here](#).

### Outcomes

Contribute to reduction in major amputation in Y&H a devastating complication of diabetes that costs and estimated £650,000,000 each year. (NHS Diabetes 2012).

Implementation of successful transformation funding bids.

### Role of the Clinical Network

In 17/18 the diabetic foot network will:

- Provide a platform for shared learning in Diabetic Foot Care Quality Improvement initiatives
- Ensure Commissioners understand their commissioned foot care pathways performance in their localities
- Complete a report on the root cause analysis of major amputation which will inform service development, quality assurance and commissioning processes
- Support the North Regional Diabetes Team to provide ongoing assurance of local delivery plans for successful bids to the Diabetes Treatment & Care Programme funding.

### Partners and associate in this work

PHE / NHSE National DPP programme team; North Zone Diabetes Programme Team; PHE Regional centre; CCGs and providers (within STP footprints), Diabetes UK.

### Summary of Project Plan / KPIs - Main activities and milestones

| Q1 - 2 | • Administer quarterly Diabetic Foot Network meetings and establish an annual programme including educational fora  
|        | • Refine RCA tools, encourage full participation, collate first anonymised data set of RCA and evaluate the learning  
|        | • Scope alignment and support to successful transformation fund treatment targets bids  
|        | • Align with the NHS England vascular services review. |
| Q3 - 4 | • Prepare report and disseminate findings from the regional RCA audit. |
DIABETES 4 - Project Title: NHS Diabetes Treatment & Care Programme: Specialist Teams

Description

Specialist Diabetes Teams are integral to service transformation and provide care to complex patients as well as support to primary and community based clinicians managing the ever growing numbers of diabetes patients in the community. Much of the Diabetes CN Work Programme supports CCG & National Priorities in Diabetes Care and Diabetes Prevention. Network capacity rightly has focussed on supporting CCGs with their work in improving service performance. In 17/18 the CN will develop a Y&H Diabetes Service Improvement Identity to enable the presentation and dissemination of service innovation and improvement initiatives to enable accelerated adoption across other specialist diabetes teams in the region.

Priority areas

This programme of work contributes to the NHS priority programmes for diabetes. The diabetes drivers are available here.

Outcomes

Shared learning for priority initiatives that improve outcomes for patients in national priority areas. Case studies will be prepared to describe examples of innovative practice. These case studies will provide the foundation for business cases and service improvement planning.

Role of the Clinical Network

In 17/18 the CN will collaborate with Specialist IP Teams to inform the development of a Service Innovation Hub that is fit for purpose and an associated programme of work that will include;

- Developing an interactive website with discussion fora to spread innovation
- Supporting teams to identify and publish case studies
- Show casing best practice case studies including via WebEx meetings and the ABCD workshop
- Support the North Regional Diabetes Team to provide ongoing assurance of local delivery plans for successful bids to the Diabetes Treatment &Care Programme funding, support implementation and share best practice.

Partners and associate in this work

Diabetes Specialist Teams in Y&H; North Zone Diabetes Programme Team; PHE Regional centre; CCGs; Diabetes UK; ABCD.

Summary of Project Plan / KPIs - Main activities and milestones

Q1 - 2

- Survey of Y&H Specialist Diabetes Teams
- Review of existing good practise in Y&H for further dissemination & creation of case study templates
- Delivery of ABCD Clinical and Commissioning Live Regional Meeting in July 2017
- Relaunch of Y&H CN Diabetes Website
- Identification of projects for further dissemination.

Q3 - 4

- Develop Web ex programme
- Establish Web discussion fora.
CVD 1 - Project Title: Improving Treatment & Care

Description
CVD prevention is an implicit factor in reducing the health and wellbeing gap across all three STPs in Y&H. High blood pressure, high cholesterol and diabetes increase the risk for heart disease or stroke. A healthy lifestyle can lower the risk of CVD and reduce the chances of CVD getting worse. Public Health England and Clinical Networks in the North region are collaborating to promote the national CVD prevention programme, share current and intended initiatives/best practice and reduce duplication. As part of the CVD legacy arrangements a number of programmes continue to be supported including:

- Cardiac Missed Opportunities: In 2016, The CN commissioned the University of Leeds to undertake a detailed Y&H analysis of cardiac (STEMI and MSTEMI) pathways to determine compliance with evidence based care processes and impact on outcomes to identify areas for targeted service improvement.

AF & Hypertension Dashboards: Building on the West Yorkshire Healthy Futures Programme (stroke), a dashboard demonstrating the treatment gap for AF and impact of local improvement initiatives continues to be populated and shared on a quarterly basis. A hypertension dashboard is currently being piloted.

Priority areas
This programme of work contributes to the NHS priority programmes for diabetes. The diabetes drivers are available here.

Outcomes
Reduction in avoidable CVD incidents through proactive management of the at risk population.

Role of the Clinical Network
In 17/18 the CN will:
- Establish and contribute to a North Region CVD Prevention group comprising Public Health England, Clinical Networks and the National CVD Prevention Programme
- Provide oversight of the Steering Group for Missed Opportunities and associated products
- Continue to provide quarterly updates to the AF dashboard
- Pilot and refine the hypertension dashboard.

Partners and associate in this work
PHE; PHE Regional centre; CCGs and providers within STPs, British Heart Foundation, University of Leeds.

Summary of Project Plan / KPIs - Main activities and milestones

<table>
<thead>
<tr>
<th>Q1 - 2</th>
<th>Establish Northern CVD Prevention Group and agree ToR</th>
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<tr>
<td></td>
<td>Consultation on first report issued by Missed Opportunities to provide direction for phase two.</td>
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<tr>
<td></td>
<td>Produce and review quarterly AF and Hypertension dashboard to inform targeted improvement initiatives</td>
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<tr>
<td></td>
<td>Scope alignment and support to successful transformation fund treatment targets bids.</td>
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| Q3 - 4 | Oversight of phase 2 of Missed Opportunities via steering group |
|        | Produce and review quarterly AF and Hypertension dashboard to inform targeted improvement initiatives. |
Children’s and Young People’s Mental Health and Maternity

The Children’s and Young Peoples Mental Health and Maternity work programmes have been developed in line with the requirements set out in CYPMH and Maternity national policy. It is also aligned to support delivery of the local priorities for Mental Health and Maternity outlined in the three Sustainability and Transformation Plans within Yorkshire and the Humber. The key principles upon which the following executive summary plans are based include:

- Development of clear work programmes with measureable outcomes, driven by both national policy and the requirement and experience of women, children and young people and their families
- Defined structures to underpin the delivery of the work programmes with robust accountability and governance arrangements, ratified by NHS England and STP Programme Management Offices
- Alignment with the NHS England Regional and Y&H DCO teams for mobilisation, facilitation and assurance of CYPMH and Maternity work programmes
- Strong clinical engagement and work across organisational boundaries within the NHS and across the wider stakeholder environment
- Sharing what has worked well and spreading best practice
- Understanding of the key improvement metrics for CYPMH and Maternity within the CCG Improvement and Assessment Framework (IAF) and 5YFV MH Dashboard.

The focus of the Y&H CYPMH and Maternity work programmes for 2017/18 can be summarised as:

**Maternity**
- Implementing the vision in Better Births (2016) by 2020/21 through the establishment of Local Maternity Systems on STP footprints to:
  - Improve choice and personalisation of maternity services
  - Improve the safety of maternity care
  - Improve perinatal mental health services.

**CYPMH**
- Implementing the vision in Future in Mind (2015) by 2020/21 through the delivery of Y&H Local Transformation Plans (LTPs) focussing on:
  - Promoting Resilience, Prevention and Early Intervention
  - Improving Access to Effective Support – A System without Tiers
  - Care for the most Vulnerable
  - Accountability and Transparency
  - Developing the Workforce.

**Interdependencies**
- Within both work programmes key interdependencies exist in relation to:
  - All age Mental Health transformation including the transition of CYP into adult MH services
  - Development of Perinatal MH services including access to adult MH services.

The work programmes will be reviewed during Q2 of 2017-18 to ensure they remain aligned with national and regional policy and local STP requirements.
CYPMH 1 - Project Title: Stairways (CYP Engagement)
Future in Mind - Chapter 7: Accountability and Transparency

Description

Ensure the voice of young people and their needs are reflected in the work programme and its outputs.
Provide young people with an interest in improving mental health and emotional wellbeing and an opportunity to connect and share learning and influence service design across a wide geography.
Provide LTP Lead Commissioners with a group of young people to engage and consult with.

Priority areas

This programme of work forms part of a number of national policy and local STP priorities as described here.

Outcomes

The Five Year Forward View for Mental Health states that “Services must be designed in partnership with people who have mental health problems and with carers”. Stairways will support the Clinical Network as well as LTP Lead Commissioners with a practical resource to achieve this principle.

Role of the Clinical Network

- Continue to expand membership of Stairways
- Provide two way communication between Stairways members and LTP Lead Commissioners
- Demonstrate impact in a you-said-we-did function
- Administate Facebook discussion group and virtual/face-to-face participation activities.

Partners and associate in this work

LTP Lead Commissioners, Local Authority Voice & Influence Leads.

Summary of Project Plan / KPIs - Main activities and milestones

Q1 - 2
- Review and align National Policy Team, 5YFV and LTP Commissioning work programme priorities and confirm scope of the CN ED work programme
- Virtual participation activities according to work programme timelines
- Stairways face to face meeting x1.

Q3 - 4
- Review of the data work programme in late June 2017 to determine Sept ’17 to March ’18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities
- Virtual participation activities according to work programme timelines
- Stairways face to face meeting x1
CYPMH 2 - Project Title: Data and Information  
Future in Mind - Chapter 7: Accountability and Transparency

Description
Scope CYP MH data across the whole pathway of MH care including schools and education. 
Develop an outcomes based data dashboard to support the measurement of improvement of LTP delivery across the whole pathway for Y&H. 
Test dashboard across Y&H LTP footprints. 
Support the NHS England Analytics Team (North) and National CN colleagues on development of a national CYPMH data dashboard.

Priority areas
- NHS Operational Planning and Contracting Guidance 2017-2019
- 5YFV Mental Health Taskforce Report
- CCG Improvement and Assessment Framework 2016/17
  - National Service Specification for Children’s and Young Peoples Mental Health Improvement Teams (2015/20)
  - Y&H priorities from the Local Transformation Plan Refresh October 2016
- Mental Health Crisis Care Concordat 2014/15
- National Mental Health Strategy – ‘No Health without Mental Health’ (2012)

Outcomes
To support the delivery of Future in Mind and the Five Year Forward View for Mental Health which report that “data and transparency are critical aspects of a system that delivers good outcomes”.

Recommendation 40: The Department of Health should develop national metrics to support improvements in children and young people’s mental health outcomes, drawing on data sources from across the whole system, including NHS, public health, local authority children’s services and education.

Recommendation 41: NHS England should lead work on producing a Mental Health Five Year Forward View Dashboard that identifies metrics for monitoring key performance and outcomes data that will allow us to hold national and local bodies to account for implementing this strategy.

In order to support these recommendations at a local level the Y&H CYP MH CN will facilitate the development of Y&H data dashboard to be used as a quality tool to support the measurement of service transformation that is planned across Y&H

Role of the Clinical Network
- Expand and develop onto the initial activity benchmarking taken place in 2015/2016 – 2016/2017
- Scoping work to establish data that is available for the whole of the CYP MH pathway
- Work with local CCG, LA commissioner and PHE to determine the best data to be used as a quality tool
- Work with the regional team on the development of data dashboard
- Develop and test improvement dashboard.

Partners and associate in this work
LTP Lead Commissioners, NHS England Specialised Commissioners, HSCIC, NHS England North Medical Directorate and Analytical Team, Y&H DCO Team, School and Education Agencies, CYPMH providers, PHE, STP Leads.

Summary of Project Plan / KPIs - Main activities and milestones

| Q1 - 2 | Review and align National Policy Team, 5YFV and LTP Commissioning work programme priorities and confirm scope of the CN data work programme |
| | Lead Data Dashboard Task & Finish Group meetings |
| | Undertake Data Dashboard Testing and refine as appropriate |

| Q3- 4 | Review of the data work programme in late June 2017 to determine Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments requiring adaptation of the Network’s priorities |
| | Review the national dashboard development and reflect required changes in the Y&H Dashboard |
| | Lead Data Dashboard Task & Finish Group |
| | Undertake Data Dashboard Testing and refine as appropriate |
| | Launch Dashboard. |
CYPMH 3 - Project Title: Community Eating Disorder Service
Future in Mind - Chapter 5: Improving Access to Effective Support – A System without Tiers and Chapter 6: Care for the most Vulnerable.

Description
Support commissioners and providers in the successful implementation of NICE concordant CYP Community Eating Disorder Services.

Priority areas
This programme of work forms part of a number of national policy and local STP priorities as described here.

Outcomes
To support the delivery of Future in Mind Chapter and the Five Year Forward View for Mental Health which report that “By 2020/21, evidence-based community eating disorder services for children and young people will be in place in all areas, ensuring that 95% of children in needs receive treatment within one week for urgent cases, and four weeks for routine cases”.

In order to meet this objective the Y&H CYP MH CN will:
- Establish a learning collaborative in Y&H for Community Eating Disorders
- Support commissioners and providers to implement of NICE concordant Community Eating Disorder Services across Y&H
- Support commissioners and providers to increase timely access to NICE concordant ED services for CYP in Y&H by 2020/21 according to the national trajectory.

Role of the Clinical Network
- Build and develop priorities from the ED service benchmarking done in 16/17
- Support and facilitate ED learning collaborative of commissioning leads and / or providers, to identify priority work streams and specific pieces of work
- Support national and local workforce programmes for ED staffing
- Ensure programme links with other CN priority work streams including data dashboard and transition.

Partners and associate in this work
LTP Lead Commissioners, NHS England Specialised Commissioners, Commissioning ED Leads, ED Service Providers, Y&H DCO Team, HEE, PHE, STP Leads, NHS England CYPMH National Policy Team.

Summary of Project Plan / KPIs - Main activities and milestones

Q1 - 2
- Review and align National Policy Team, 5YFV and LTP Commissioning work programme priorities and confirm scope of the CN ED work programme
- Facilitate and support Y&H ED Learning Collaborative Meetings
- Identify priorities for action across Y&H from benchmarking and gap analysis
- Develop and support delivery of the action plan.

Q3 - 4
- Review of the ED work programme in late June 2017 to determine the Sept ’17 to March ’18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities
- Facilitate and support Y&H ED Learning Collaborative Meetings
- Evaluate progress against action plan.
## CYPMH 4 - Project Title: Vulnerable Children

### Future in Mind - Chapter 5: Improving Access to Effective Support – A System without Tiers and Chapter 6: Care for the most Vulnerable

**Description**

Support work across Y&H to ensure that children and young people that have a greater vulnerability to mental health problems have access to the services most appropriate to their needs.

**Priority areas**

This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

**Outcomes**

To support the delivery of *Future in Mind* Chapter which identifies that “there are some children and young people who have greater vulnerability to mental health problems but who find it more difficult to access help. If we can get it right for the most vulnerable, such as looked-after children and care leavers, then it is more likely that we will get it right for all those in need”.

**Recommendation 21.** Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective, evidence-based interventions for vulnerable children and young people, ensuring that those with protected characteristics such as learning disabilities are not turned away.

**Recommendation 22.** Making Multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern.

To address the recommendations at a local level the Y&H CYP MH CN will support lead commissioners to ensure there is provision of timely and equitable access to specialist services for vulnerable children in Y&H evidenced through development of collaborative commissioning arrangements across Y&H.

### Role of the Clinical Network

- Continue to work closely with LA representatives delivering on the Leeds and Sheffield Adoption pilot programmes.
- Represent the Lead Commissioners on this
- Support the Lead Commissioners in the delivery of the Vulnerable Groups care pathways guidance – due spring 2017
- Ensure there are cross linkages with other work steams including health and justice and schools.

### Partners and associate in this work


### Summary of Project Plan / KPIs - Main activities and milestones

| Q1 - 2 | Review and align National Policy Team, 5YFV and LTP Commissioning work programme priorities and confirm scope of the CN Vulnerable Children work programme |
| Q1 - 2 | Review Vulnerable Groups care pathway guidance with LTP Lead Commissioners and agree care pathway priorities for collaborative working |
| Q1 - 2 | Benchmark services against the Vulnerable Groups care pathway guidance and develop action plan and outcomes. |
| Q3 - 4 | Review the Vulnerable Children work programme in late June 2017 to determine the Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities |
| Q3 - 4 | Evaluate progress against action plan. |
CYPMH 5 - Project Title: CYP MH in Schools

Future in Mind - Chapter 4: Promoting Resilience, Prevention and Early Intervention and Chapter 8: Developing the Workforce

Description
Support CCG and LA commissioners in the delivery and implementation of evidence based outcomes for MH and resilience work in Y&H schools.

Priority areas
This programme of work forms part of a number of national policy and local STP priorities as described here.

Outcomes
To support the delivery of Future in Mind which states “We need to value the importance of recognising and promoting good mental health and wellbeing in all people, not just focusing on mental illness and diagnosis. It is therefore crucial that, locally there is an integrated, partnership approach to defining and meeting needs. A wide range of professionals should be involved across universal, targeted and specialist services, through:

- **Promoting** good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health
- **Preventing** mental health problems from arising, by taking early action with children, young people and parents who may be at greater risk
- **Early identification** of need, so that children and young people are supported as soon as problems arise to prevent more serious problems developing wherever possible”.

Recommendation 2. Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools. Future in Mind identifies that staff in universal services, like education, often feel ill equipped in promoting and implementing mental wellbeing and even less confident in the identification of a mental health illness. This is a priority for Y&H Lead Commissioners and therefore, the CYPMH CN will support and facilitate a CYP Mental Health Competency Framework for Schools, Early Years and Further Education staff at all levels for Y&H.

Role of the Clinical Network
- Scoping of schools MH work already taking place in Y&H
- Develop and facilitate a network of commissioners leading on schools work for the LTPs
- Scope MH expected outcomes and standards expected for schools by OFSTED
- Engage and support schools and Further Education through the DCS and NAMS
- Support and facilitate the development of a MH Competency Framework for schools and education staff at all levels.

Partners and associate in this work
LTP Lead Commissioners, LA Commissioners, Schools and education partners and representatives (DCS and NMAS), CYP (Stairways), PHE, HEE, Service providers (CAMHS and Educational), STP Leads, NHS England CYPMH National Policy Team.

Summary of Project Plan / KPIs - Main activities and milestones

**Q1 - 2**
- Review and align National Policy Team, 5YFV and LTP Commissioning work programme priorities and confirm scope of the CN CYP MH in Schools work programme
- Support and facilitate Competency Framework Task and Finish group
- Continue to seek mechanisms to support increased engagement across schools and colleges in Y&H
- Work through LA Advisor to ensure maximisation of engagement across LAs e.g. through LA Networks.

**Q3 - 4**
- Review of the Schools work programme in late June 2017 to determine Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities
- Test Competency Framework
- Launch Competency Framework
- Undertake benchmarking and gap analysis against Competency Framework and develop action plan.
### CYPMH 6 - Project Title: Transition

**Future in Mind Chapter 5: Improving Access to Effective Support – A System without Tiers and Chapter 6: Care for the most Vulnerable**

### Description
Ensure all young people in Y&H are supported in their appropriate transition from child to adult services. Processes need to be in place to ensure this is smooth, timely, and appropriate and all at risk are identified.

### Priority areas
This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

### Outcomes

> "I had a very bad transition from CAMHS to adult services. One day I was in CAMHS with plenty of support and then the next, the only support I knew of was a crisis number. It took over 6 months for me to have a proper assessment and be assigned a care co-ordinator, by which time I had suffered a complete relapse in my condition".

*Words from a young person who took part in the Taskforce engagement exercise for Future in Mind.*

To support the delivery of *Future in Mind* which states that "All young people face multiple and often simultaneous transitions as they move to adulthood. This can be from school to higher or further education or work. They may be in the process of leaving home or care. Young people transferring from children and young people’s mental health services differ from those leaving physical services in that, for many, adult mental health services are either not available or not appropriate. Adult mental health services are not universally equipped to meet the needs of young people with conditions such as ADHD, or mild to moderate learning difficulties or autistic spectrum disorder".

**Recommendation 15.** Promoting implementation of best practice in transition, including ending arbitrary cut off dates based on a particular age.

The CYPMH network in Y&H will support commissioners and providers to improve transitional services using the Transition Toolkit. This will enable all Children in MH services to have successful and supported transition to adult services which will be age appropriate and evidenced through experience of CYP and baseline benchmarking.

### Role of the Clinical Network
- Benchmark CYP MH Transition in Y&H using the Transition Toolkit benchmarking tool
- Analysis of all benchmarking returns
- Establish and facilitate a transition learning collaborative and develop an action plan from the benchmarking
- Agree transition action plan.

### Partners and associate in this work
- LTP Lead Commissioners, Adult MH Commissioners, NHS England Specialised Commissioners, NHS England Health and Justice Commissioners, LA Commissioners, Y&H DCO Team, CYP, HEE, PHE, STP Leads, NHS England CYPMH National Policy Team.

### Summary of Project Plan / KPIs - Main activities and milestones

| Q1 – 2 | • Review and align National Policy Team, 5YFV and LTP Commissioning work programme priorities and confirm scope of the CN Transition work programme  
• Review the Transition benchmarking results with LTP Lead Commissioners and Adult MH Commissioners, develop a gap analysis and develop an action plan  
• Establish a MH Transition Learning Collaborative. |
| Q3 - 4 | • Review Transition work programme in late June 2017 to determine Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities  
• Evaluate progress against action plan. |
### CYPMH 7 - Project Title: Health and Justice

**Future in Mind - Chapter 5: Improving Access to Effective Support – A System without Tiers and Chapter 6: Care for the most Vulnerable**

### Description

Children and Young People entering and leaving the Health and Justice system often require specific and bespoke MH services and provision.

All children and young people should have access to appropriate MH services aligned with their health and justice status.

### Priority areas

This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

### Outcomes

To support the delivery of Future in Mind which reports that the current Tier model for CAMHS is no longer appropriate as the services do not fit the young person and their changing needs and “the tiers model has been criticised for unintentionally creating barriers between services, embedding service divisions and fragmentation of care. It often results in children or young people falling in gaps between tiers and experiencing poor transitions between different services”.

The **Five Year Forward for Mental Health** also reports on the lack of appropriate CYP MH H&J provision and recommends the following:

**Recommendation 24.** The Ministry of Justice, Home Office, Department of Health, NHS England and PHE should work together to develop a complete health and justice pathway to deliver integrated health and justice interventions in the least restrictive setting, appropriate to the crime which has been committed.

To address the lack of robust pathways between the Youth Justice system and appropriate mental health services, the CYP MH CN will work with CCG and NHS England Health and Justice Commissioners to improve these pathways by:

- Ensuring there is a robust process to deliver and establish if required a collaborative commissioning network. This will initially be delivered through the Lead Commissioner Forum and expanded as required
- Hosting a H&J collaborative commissioning event to identify and agree priority improvement work streams/pathways including those identified within the Y&H H&J and CAMHS audit report:
  - CYP MH services for young people leaving or entering the youth justice system
  - Children’s SARC centres in Y&H investigating both acute and historic cases.

### Role of the Clinical Network

- Work closely with Y&H NHS England Health and Justice Team to support production of a needs analysis and pathway gap analysis of current services
- CN membership on the Regional SARC programme board
- Support Commissioners to deliver and establish if required a collaborative commissioning network for H&J. This will initially be delivered through the Lead commissioner forum.

### Partners and associate in this work

LTP Lead Commissioners, NHS England Specialised Commissioners and Health and Justice Commissioners, Adult MH Commissioners, Y&H CYP MH Providers Y&H DCO Team, CYP, HEE, PHE, STP Leads, NHS England CYPMH National Policy Team.

### Summary of Project Plan / KPIs - Main activities and milestones

| Q1 - 2 | Review and align National Policy Team, 5YFV and LTP Commissioning work programme priorities and confirm scope of the CN H&J work programme
| | Support identification and agreement of H&J work programme priorities and action plan at Y&H H&J collaborative commissioning meeting Q4 2017
| | Support delivery and implementation of H&J collaborative commissioning action plan.

| Q3 - 4 | Review Health and Justice work programme in late June 2017 to determine Sept ’17 to March ’18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities
| | Evaluate progress against action plan. |
CYPMH 8 - Project Title: Urgent and Emergency CYP Mental Health Care

Future in Mind - Chapter 4: Promoting Resilience, Prevention and Early Intervention and Chapter 5: Improving Access to Effective Support – A System without Tiers

Description

Work with commissioners and providers to support them in delivering Urgent and Emergency CYP Mental Health Care models across Yorkshire and the Humber.

Priority areas

This programme of work forms part of a number of national policy and local STP priorities as described here.

Outcomes

To support the delivery of Future in Mind, which defines the government's aspirations for Urgent and Emergency CYP Mental Health Care (CYP MH crisis care) as follows:

Improved care for children and young people in crisis so they are treated in the right place at the right time and as closely to home as possible. This would be delivered by:

- Ensuring the support and intervention for young people being planned in the Mental Health Crisis Concordat are implemented
- No young person under the age of 18 being detained in a police cell as a place of safety
- Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.

Recommendation 17. By 2020/21, NHS England should ensure that a 24/7 community-based mental health crisis response is available in all areas across England and that services are adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission. For adults, NHS England should invest to expand Crisis Resolution Home Treatment Teams (CRHTTs); for children and young people, an equivalent model of care should be developed within this expansion programme.

The Five Year Forward View for Mental Health reinforces this view and clearly defines the need for more robust patient-centred MH crisis care and where possible keeping these as close to home or in the community.

Working with Commissioners and providers, the Y&H CYP MH CN will work to support the development of accessible and appropriate MH crisis care available to all CYP in Y&H in line with evidenced based guidance. Outcomes of current CYP crisis care vanguards, in the North region and beyond, will be reviewed and replicated where possible and appropriate.

Role of the Clinical Network

- Ensure national communications and published guidance is disseminated to LTP Lead Commissioners
- Facilitate planning discussions on the delivery of new guidance
- Facilitate the completion of national CYP MH Crisis Care audit
- Share work and reporting on crisis care vanguards.

Partners and associate in this work

LTP Lead Commissioners, NHS England Specialised Commissioners and Health and Justice Commissioners, MH providers, STP MH Leads, CYP Crisis Care Vanguards, NHS England CYPMH National Policy Team, YAS, Police, Urgent & Emergency Care Providers, Adult MH CN.

Summary of Project Plan / KPIs - Main activities and milestones

Q1-2

- Review and align National Policy Team, 5YFV and LTP Commissioning work programme priorities and confirm scope of the CN Urgent and Emergency CYP Mental Health Care work programme
- Review the ‘Evidence-Based Treatment Pathway for Urgent and Emergency Mental Health Services for Children and Young People’ 2016
- Support the returns required across Y&H to the National Urgent and Emergency Mental Health Services for Children and Young People Care Audit
- Review the findings of the audit with LTP Lead Commissioners and establish a Y&H CYP MH Crisis Care Working Group / Task and Finish Group to agree an action plan for Y&H.

Q3-4

- Review of the Urgent and Emergency CYP Mental Health Care work programme in late June 2017 to determine Sept 17 to March 18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities
- Evaluate progress against action plan.
CYPMH 9 - Project Title: All age MH Services

Future in Mind - Chapter 4: Promoting Resilience, Prevention and Early Intervention and Chapter 5: Improving Access to Effective Support – A System without Tiers

Description

Ensure that where all age services are being developed and improved in Y&H, the needs of children are being appropriately represented. Current areas of all age work being supported by the CYPMH CN are:

- Crisis Care
- EIP
- Liaison MH.

Priority areas

This programme of work forms part of a number of national policy and local STP priorities as described here.

Outcomes

All CYP in Y&H have:

- Fair and equitable access within all age services
- Increased and appropriate provision within all age services
- Treatment designed for their specific needs
- Services delivered by an appropriately trained and skilled workforce

This will be evidenced through data collection nationally, regionally and locally.

Role of the Clinical Network

- Work closely and collaboratively with the Adult MH CN as an Associate CN on all age programmes of work to ensure that pathways and treatment are accessible to all
- Ensure CYPMH Commissioners are aware of requirements of all age initiatives and influence and contribute to the development of all age plans and the implementation of all age services
- Attend and support national, regional and local meetings for all age Crisis care, EIP and Liaison MH
- Support commissioners and providers to understand the impact of CYP guidance on the commissioning of all age mental health services and to enable the development of effective and appropriate transition between services.

Partners and associate in this work

LTP Lead Commissioners, NHS England Specialised Commissioners and Health and Justice Commissioners, MH providers, STP MH Leads, CYP Crisis Care Vanguards, NHS England CYPMH National Policy Team Lead Commissioners, YAS, Police, Urgent & Emergency Care Providers, Adult MH CN.

Summary of Project Plan / KPIs - Main activities and milestones

Q1 - 2

- Review and align National Policy Team, 5YFV and LTP Commissioning work programme priorities and confirm scope of the CN ED work programme
- Implement effective working arrangements between Adult MH and CYP MH CNs
- Attend and support EIP Network, LMH Network and appropriate Crisis Care Fora.

Q3 - 4

- Review of the data work programme in late June 2017 to determine Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities.
**CYPMH 10 - Project Title: Specialist Interest Sub Networks and CYP MH Horizon Scanning**

**Description**
Scope, review and share best practice and build improvements across the whole CYP MH pathway in Yorkshire and the Humber. Horizon scan for new policy and process development in CYP MH. Y&H CYP MH CN need to ensure all stakeholders in the region are kept up to date with current policies and changes around the MH agenda.

**Priority areas**
This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

**Outcomes**
Sharing good practice of specialist work in CYP MH across Y&H through CN website and directly to the Lead Commissioners and other stakeholders through already established networks. CYP MH commissioners in Y&H are informed of current work, priorities and innovation around CYP MH by the CN Improvement Team.

**Role of the Clinical Network**
- Set up virtual networks for all specialist interest areas indicated
- Set up and deliver WebEx schedule for specialist interest areas using examples from around the region
- Set up and facilitate time limited specialist interest groups as required to progress specific work streams
- Share relevant information to Lead Commissioner Forum and specialist interest groups
- Identify appropriate clinical advice which may not be available from CYPMH Clinical Advisors
- Report from national and local meetings on these areas.

**Partners and associate in this work**
CCG Commissioners, LA Commissioners, PHE, NHS E, Schools, Further Education, Providers, STP Leads.

**Summary of Project Plan / KPIs - Main activities and milestones**

| Q1 | • Set up virtual networks for specialist areas  
- Facilitate website forum discussions on specialist areas  
- Identify best practice and innovation and share with stakeholders through routes identified in the work programme. |
| Q2 | • Set up WebEx schedules for individual specialist areas  
- Deliver and facilitate WebEx’s  
- Identify best practice and innovation and share with stakeholders through routes identified in the work programme. |
| Q3 | • Deliver and facilitate WebEx’s  
- Set up T&F groups for specialist areas as needed  
- Identify best practice and innovation and share with stakeholders through routes identified in the work programme. |
| Q4 | • Deliver and facilitate WebEx’s  
- Set up T&F groups for specialist areas as needed  
- Identify best practice and innovation and share with stakeholders through routes identified in the work programme. |
### M1 - Project Title: Maternity Transformation Programme – local implementation

#### Description

Support the implementation of the recommendations from the National Maternity Review, Better Births report in relation to clinical networks, commissioners and maternity services. Facilitate dialogue between national, regional and local NHS teams, feeding back any issues that may act as barriers to local implementation, so that national support mechanisms can take them into account.

#### Priority areas

This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

#### Outcomes

Support the implementation of the National Maternity Review 2015 – evidenced by service provider’s practices. Plans to implement the vision in Better Births will need to include delivery of the following by end 2020/21 through the establishment of Local Maternity Systems:

- **Improving choice and personalisation of maternity services** so that:
  - All pregnant women have a personalised care plan
  - All women are able to make choices about their maternity care, during pregnancy, birth and postnatally
  - Most women receive continuity of the person caring for them during pregnancy, birth and postnatally
  - More women are able to give birth in midwife-led settings (at home, and in midwife led units).

- **Improving the safety of maternity care** so that all services have:
  - Made significant progress towards the ‘halve it’ ambition of halving rates of stillbirth and neonatal death, maternal death and brain injuries during birth by 50% by 2030
  - Are investigating and learning from incidents, and are sharing this learning through their LMS and with others
  - Fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme.

#### Role of the Clinical Network

Support CCG Commissioners and NHS England Specialised Commissioners in implementing the recommendations from the National Maternity Review.

#### Partners and associate in this work


#### Summary of Project Plan / KPIs - Main activities and milestones

| Q1-2 | Continue to update and review the gap analysis of the recommendations from the National Maternity Review |
|      | Identify areas for sharing best practice and areas where support may be required |
|      | Attend national maternity transformation events and share learning |
| Q3-4 | A review of the Maternity work programme will take place in late June 2017 to determine the Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities |
### M2 - Project Title: Development of Local Maternity Systems

#### Description
Support implementation of the national maternity services review, Better Births, through local maternity systems (LMS).

#### Priority areas
This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

#### Outcomes
Local Maternity Systems established to design and deliver maternity services:

- by March 2017 an LMS coterminous with the STP Footprint and involving all commissioners and providers of maternity services
- by October 2017 a shared vision established and plan to implement Better Births by the end of 2020/21.

#### Role of the Clinical Network
Support CCG Commissioners and NHS England Specialised Commissioning to develop and establish Local Maternity Systems. Support maternity service providers and key stakeholders to work collaboratively across STP footprints.

#### Partners and associate in this work

#### Summary of Project Plan / KPIs - Main activities and milestones

| Q1-2 | • Review the national, regional and local work programme requirements for the CN  
| | • Support STP footprints to develop a vision for their Local Maternity System  
| | • Support LMSs to develop a plan to implement Better Births  
| | • Support LMSs to identify local ambitions. |

| Q3-4 | • A review of the Maternity work programme will take place in late June 2017 to determine the Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities. |
### M3 - Project Title: Stillbirths

#### Description

Aim to support the national maternity ambition to halve the rate of stillbirths, neonatal deaths and brain injuries by 20% by 2020 and 50% by 2030. Support improvements to bereavement care to reduce variation and increase service user experience.

#### Priority areas

This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

#### Outcomes

- Reduction in stillbirth rates across Yorkshire and the Humber – evidenced by Y&H total stillbirth rates
- Improved bereavement care across Yorkshire and the Humber – evidenced by trust’s practices and feedback from service users.
- Reduction in regional variation – evidenced by trust’s practices.
- Improved service user experience – evidenced by service user feedback.

#### Role of the Clinical Network

- Support implementation of the National Saving Babies’ Lives Care Bundle
- Support the engagement and implementation of Y&H Stillbirth and Bereavement Care Recommendations for CCG Commissioners and Maternity Services
- Monitor Y&H stillbirth rates to identify variation / outliers
- Support the implementation of a standardised perinatal audit review tool
- Support user experience feedback
- Facilitate the Yorkshire and the Humber Stillbirth Steering Group and Peer Review sub-group
- Support shared learning
- Support CCGs identified as needing extra support to improve smoking in pregnancy rates
- Maintain communication of progress with the national acute care policy team, Y&H Maternity Clinical Expert Group, Commissioners Forum and Maternity Strategy Group.

#### Partners and associate in this work

CCG Commissioners, provider trusts, Public Health England, local authority Public Health, Charities e.g. SANDS, Service Users, North Region Maternity Transformation Programme Board, NHS England national maternity policy team.

#### Summary of Project Plan / KPIs - Main activities and milestones

**Q1-2**

- Continue to collect Stillbirth data on a quarterly basis via the Y&H Maternity Dashboard
- Support the Stillbirth Steering Group
- Support the Peer Review sub-group to develop recommendations for use of a national standardised review tool
- Consider developing a user experience questionnaire
- Identify opportunities to support shared learning.

**Q3-4**

- Continue to collect Stillbirth data on a quarterly basis via the Y&H Maternity Dashboard
- Support Peer Review sub-group and Stillbirth Steering Group
- A review of the Maternity work programme will take place in late June 2017 to determine the Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities.
**M4 - Project Title: Perinatal Mental Health**

**Description**
Supports the implementation of the recommendations from the National Maternity Review and the 5 Year Forward View for Mental Health. Aims to assess current service provision and develop best practice for Yorkshire and the Humber.

**Priority areas**
This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

**Outcomes**
Improved service provision – increase access to evidence-based specialist perinatal mental health care to meet 100% of need by 2020/21. Reduction in regional variation in perinatal mental health care – evidenced by service provider practice.

Improved data collection and reporting – evidenced by data and reports, improved training and education provision – evidenced by training provision, improved user and family experience – evidenced by user feedback, improved access to IAPT and recovery rates for perinatal patients (in conjunction with MH CN).

**Role of the Clinical Network**
- Establish an effective PMH network in line with good practice
- Engage and collaborate with CCGs and providers to deliver best practice and reduce fragmentation in service provision
- Identify and assess baseline positions in terms of availability and access to specialist perinatal mental health services (gap analysis in line with NICE guidance) to determine strategic plans for future years and respond to availability of new funding
- Support the NHS England (North) PMH mapping exercise and share the learning
- Support stakeholders in the implementation of PMH evidence based pathways for identification and timely access to psychological therapies and specialist perinatal services in line with the NHS England (North) PMH mapping exercise
- Consider the requirement for a Y&H PMH pathway as a best practice recommendation following the launch of a national pathway
- Work with Mental Health CN to ensure that pathways and treatment within IAPT services are accessible to all
- Support shared learning from MH Trusts successful in wave 1 of the PMH Community Services Development funding
- Support MH trusts to develop PMH Community Services Development plans based on the gap analysis and to support the bidding process for wave 2 of the funding applications
- Link with Health Education England and stakeholders to support the development of local workforce and training and development strategies
- Support other initiatives resulting National Maternity Review, 5 Year Forward View for Mental Health
- Consider methods of feedback for improved user and family experience and support
- Support the work programme of the MH CN as the Associate CN contributing to the PMH Task & Finish Group.

**Partners and associate in this work**
National Mental Health Taskforce, Y&H MH CN, CCG Commissioners, Specialised Commissioners, Acute Provider trusts, Mental Health trusts, service users, Public Health England, local authority, Primary Care, third party organisations, PMH CRG, North Region Maternity Transformation Programme Board, NHS England national maternity policy team, NHS England national perinatal mental health policy team.

**Summary of Project Plan / KPIs - Main activities and milestones**

**Q1- 4**
- Support the PMH Task & Finish Group
- Work jointly with MH colleagues on mapping PMH services/access and recovery rates and identify key gaps in the system for resolution
- Review & consider actions resulting from the PMH mapping exercise
- Develop a PMH network across Y&H
- Undertake a gap analysis of PMH Community Services to support development of plans in preparation for wave 2 of the bidding process
- Support sharing good practise, particularly from successful candidates for wave 1 of the PMH CSDF
- Remain linked to the national work and respond accordingly
- Utilise funding opportunities
- A review of the Maternity work programme will take place in late June 2017 to determine the Sept `17 to March `18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities.
**M5 - Project Title: Maternal Enhanced and Critical Care**

**Description**

Aim to support the national maternity ambition to halve the rate of stillbirths, neonatal deaths, maternal deaths and brain injuries by 20% by 2020 and 50% by 2030.

Improvement in care and outcomes for mothers requiring critical care support.

Improvement in experience for women and their families.

**Priority areas**

This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

**Outcomes**

- Reductions in the level of avoidable maternal morbidity.
- Improved management and care of sick women.
- Improved experience of sick women and their families.

**Role of the Clinical Network**


Develop recommendations for Maternal Enhanced and Critical care for Y&H supported by national standards.

Review competencies required for clinicians and consider a training plan for Yorkshire and the Humber.

**Partners and associate in this work**


**Summary of Project Plan / KPIs - Main activities and milestones**

| Q1 - 2 | • Support the Maternal Enhanced and Critical Care Task & Finish Group  
• Finalise and launch MEaCC recommendations for Y&H  
• Support implementation of national standards as appropriate  
• Support shared learning  
• Review service user feedback process. |
|--------|----------------------------------------------------------------------------------|
| Q3 - 4 | • Support the Maternal Enhanced and Critical Care Task & Finish Group  
• Respond to national priorities  
• Review work programme priority. |
M6 - Project Title: Yorkshire and the Humber Maternity Dashboard

Description
Facilitation of a Yorkshire and the Humber Maternity Dashboard to enable identification of variation and outcomes to support improvement in quality of maternity care.

Priority areas
This programme of work forms part of a number of national policy and local STP priorities as described here.

Outcomes
Improved ability to compare maternity service clinical indicators and outcomes for quality improvement – evidenced by Y&H Maternity Dashboard annual report.
Standardisation of clinical indicators across Yorkshire and the Humber – evidenced by development and implementation of the dashboard across Y&H.

Role of the Clinical Network
Collect and input data submitted by Trusts on a quarterly basis.
Support the Y&H Maternity Dashboard Focus Group.
Continue to develop the Yorkshire and the Humber Maternity Dashboard with commissioners and providers.
Support the National Clinical Director in implementation of the National Maternity Review and development and implementation of a national maternity dashboard where required.

Partners and associate in this work

Summary of Project Plan / KPIs - Main activities and milestones

Q1 - 2
- Collate and analyse quarterly data
- Produce and circulate Y&H values with Trust data
- Continue to work with North Region Analysts to produce a quarterly report
- Finalise and seek approval for version 2 of the Y&H maternity dashboard
- Host a Maternity Dashboard Event for Commissioners and provider Trusts to launch version 2
- Link with national work where appropriate.

Q3 - 4
- Collate and analyse quarterly data
- Produce and circulate Y&H values with Trust data
- Continue to work with North Region Analysts to produce a quarterly report
- Link with national work where appropriate.
### M7 - Project Title: Safer Maternity Care

#### Description


#### Priority areas

This programme of work forms part of a number of national policy and local STP priorities as described [here](#).

#### Outcomes

Implement the Safer Maternity Care recommendations to support development of a learning culture. Reduction of avoidable term baby admissions to neonatal care. Reduction in preterm birth rate for Y&H.

#### Role of the Clinical Network

Support the establishment of a Y&H Maternity Safety Learning Group. Liaise with the National Maternal and Neonatal Health Safety Collaborative. Support shared learning in maternity services. Link with the stillbirth work programme. Link with the Neonatal ODN to share learning from neonatal deaths and brain injuries. Communicate recommendations and information from the national ATAIN (Avoiding Term Admissions in Neonatal Units) project. Undertake baseline assessment of pre-term deliveries in Y&H.

#### Partners and associate in this work

CCG Commissioners, Provider Trusts, Neonatal ODN, North Region CN colleagues, Y&H DCO, North Region Maternity Transformation Programme Board, NHS England national maternity policy team.

#### Summary of Project Plan / KPIs - Main activities and milestones

<table>
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<th>Q1-2</th>
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| • Identify and designate a Maternity Safety Champion within the Maternity Clinical Network  
| • Establish a Y&H Maternity Safety Learning Group  
| • Develop terms of reference for the group  
| • Link with the Maternal and Neonatal Health Safety Collaborative and respond to any priorities identified for local implementation  
| • Link with the Neonatal ODN and review work according to priorities.  |

<table>
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<tr>
<th>Q3-4</th>
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| • Support the Y&H Maternity Shared Learning Group  
| • Link with the Maternal and Neonatal Health Safety Collaborative and respond to any priorities identified for local implementation.  |
CYPMH&M1 - CN Organisational Development

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

Priority areas
This programme of work forms part of a number of national policy priorities for:
- CYPMH as described [here](#).
- Maternity as described [here](#).

Outcomes
Systems management leading to effective governance of the Children and Young People’s and Maternity CN, improved clinical leadership, improved coordination between services, and enhanced communication and collaboration between CCG commissioners, LA/PH commissioners and third sector organisations.

Role of the Clinical Network
The CN team provides the following support to enable the network to function:
- Lead and support the following groups within Y&H:
  - Strategy/Steering Groups
  - Clinical Expert Groups
  - Commissioner Fora
  - Specialist interest/Task and Finish Groups
  - Patient Advisory Groups
- Identify appropriate models for engagement with CYP, women and their families/carers
- Lead and support whole system stakeholder engagement across the Y&H CYPMH and Maternity work programmes including collaborative system wide initiatives e.g. National Maternity Review, Future in Mind, 5 Year Forward View for Mental Health Taskforce
- Support improvements in data collection and analysis and maintain relationships with ChiMat, and contribute to the national CHIMAT Expert Reference Group for Maternity and Neonates
- Develop and enhance communication and share best practice through the CN website, E-bulletins and Webinars
- Ensure effective leadership and development of the Children and Young People’s and Maternity CN Team to support work programme and stakeholders.

Partners and associate in this work
NHS England and CCG Commissioners, LA Commissioners, acute and MH providers, Public Health England, ambulance services, statutory organisations, third sector / voluntary agencies, service users and their families/carers.

Summary of Project Plan / KPIs - Main activities and milestones

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<thead>
<tr>
<th>Q1-4</th>
<th>During 2017/18, lead and support:</th>
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<tbody>
<tr>
<td></td>
<td>CYP Mental Health &amp; Emotional Wellbeing Steering Group x 6</td>
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<tr>
<td></td>
<td>Y&amp;H LTP Lead Commissioners Forum x 6</td>
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<tr>
<td></td>
<td>Stairways group – Virtual engagement, Facebook Forum, Face to face meeting x 2</td>
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<td>Maternity Strategy Group x 4</td>
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<td></td>
<td>Maternity Clinical Expert Group x 4</td>
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<td></td>
<td>Maternity Commissioner Forum x 6</td>
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<td></td>
<td>Task and Finish Groups for both CNs as required</td>
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<tr>
<td></td>
<td>Other meetings and event to respond to national policy direction.</td>
</tr>
</tbody>
</table>
**CYPMH&M2 - Project Title: Collaborative Commissioning**

**Description**

Support and enable CCG Commissioners and NHS England Specialised Commissioners to identify potential collaborative commissioning solutions for CYP MH and Maternity CN services across Y&H.

**Priority areas**

This programme of work forms part of a number of national policy priorities for:

- CYPMH as described [here](#)
- Maternity as described [here](#)

**Outcomes**

To support the delivery of National Maternity Review and Implementing the Five Year Forward View for Mental Health objective that incorporate requirements for collaborative commissioning.

Support transformation and sustainability of CYP and Maternity services and the impact on interdependent services by enabling engagement and collaboration across organisations and pathways of care.

Support collaborative commissioning opportunities identified or required through the CCG IAF process.

Working with Commissioners and providers across Y&H will ensure the best quality evidenced based commissioned Maternity and MH services are available to all children and young people, womens and their families/carers in Y&H evidenced through data provided as part of LTP delivery, data dashboards and service user experience.

**Role of the Clinical Network**

- Scope with NHS England Specialised Commissioners and CCG Commissioners areas where collaboration can and should occur across Y&H
- Support improvement programmes as identified
- Ensure there is good engagement with and clear links with the Y&H Maternity and MH STP Leads.

**Partners and associate in this work**


**Summary of Project Plan / KPIs - Main activities and milestones**

**Q1 - 2**

- Review and align National Policy Team, 5YFV and CCG Commissioning work programme priorities and confirm scope of the CN collaborative commissioning work programme
- Support to NHS England Specialised Commissioners and Health and Justice Commissioners to identify priority areas for joint working with CCGs resulting from the collaborative commissioning events
- Support STP footprints in development of plans for collaboration
- Provide structures to share best practice.

**Q3 - 4**

- Review of the collaborative commissioning work programme in late June 2017 to determine Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities
- Support the implementation of agreed collaborative programmes of work which add value across Y&H/STP footprints.
CYPMH&M3 - Project Title: Working with NHS England (North) and NHS England (Yorkshire & Humber) on CYPMH and Maternity Work Programmes

Description
Provision of advice and support for NHS England (North) and NHS England (Y&H) for Children and Young People’s Mental Health and Maternity priorities.

Priority areas
This programme of work forms part of a number of national policy priorities for:
- CYPMH as described here.
- Maternity as described here.

Outcomes
- Clinical Network is recognised as a partner to NHS England (N) and (Y&H) work priorities, for the delivery of national policy requirements. Agreed pieces of work are discharged using the clinical network team expertise and resource.
- Clinical Network team is identified as a source of support and/or advice to NHS England (North and Y&H) for Children and Young People’s Mental Health and Maternity elements of their work programmes.
- Clinical Network utilises existing Children and Young People’s Mental Health and Maternity infrastructures, groups/meetings, led by the CN, to discharge appropriate and related areas of work with or on behalf of NHS England (North and Y&H).
- Clinical Network CN teams are identified as part of the NHS England support offer to drive improvements in Children and Young People’s Mental Health and Maternity services.

Role of the Clinical Network
- Provide co-ordination and support to projects where value is added by working across a Y&H or North footprint.
- To provide support/advice on elements of the Children and Young People’s Mental Health and Maternity work programme.
- Contribute to NHS England North and Y&H Strategy/Steering Groups, MTP and MH Programme Boards and associated Task and Finish groups, as required, ensuring maximum value from the Children and Young People’s Mental Health and Maternity clinical network’s function.
- Work closely with arm’s length bodies as agreed to deliver an improvement function arm for NHS England.
- Ensure all Children and Young People’s Mental Health and Maternity stakeholders/leads are aware of CN activities and infrastructure so the CN can be used as a vehicle for rapid spread and improvement.
- To contribute to NHS England (North) and Yorkshire & Humber Assurance activities using clinical expertise and CN staff to discharge activities.

Partners and associate in this work
NHS England (North and Y&H), Arm’s length bodies.

Summary of Project Plan / KPIs - Main activities and milestones

Q1-2
- Maintain communications and links with Children and Young People’s Mental Health and Maternity leads in NHS England offices.
- Agree areas for joint work with NHS England and agree a work schedule.
- Contribute to Children and Young People’s Mental Health and Maternity Steering Groups/Boards/Task and Finish Groups across the region.
- Contribute to regional Children and Young People’s Mental Health and Maternity events/masterclasses via provision of CN team member/clinical leadership support.
- Revise and agree communication structures to ensure effective utilisation of resources across NHS England North, Y&H and CNs.

Q3 - 4
- Review joint CN/NHS England regional requirements in late June 2017 to determine the Sept ’17 to March ’18 priorities in light of any NHS England North or Y&H developments and or funding issues that will require adaptation of the Network’s priorities.
CYPMH&M4 - Project Title: Working with Y&H STP Programme Offices on CYPMH and Maternity Plans

Description

Provision of advice and support for the Y&H STP Programme Offices for their Children and Young People’s Mental Health and Maternity Plans.

Priority areas

This programme of work forms part of a number of national policy priorities for:

- CYPMH as described [here](#)
- Maternity as described [here](#)

Outcomes

- Clinical Network team is identified as a source of support and or advice for the Children and Young People’s Mental Health and Maternity elements of their STP
- STP PMOs utilise existing Children and Young People’s Mental Health and Maternity infrastructure groups/meetings led by the CN to support/discharge appropriate elements of their work
- Clinical Network is recognised as a partner to STP work, which is a vehicle for the delivery of national policy requirements
- Agreed pieces of work are discharged by the clinical network in partnership with the STP PMO’s.

Role of the Clinical Network

- Provide a co-ordination/activity function where value is added by working across an STP or multiple STP i.e. Y&H footprint
- Provide support/advice to STP PMO functions on elements of the Children and Young People’s Mental Health and Maternity work programme
- Contribute to Children and Young People’s Mental Health and Maternity Steering Groups and Task and Finish groups, as required, to ensure maximum value from the clinical network’s function
- Ensure the STP PMO Children and Young People’s Mental Health and Maternity leads are aware of CN activities and infrastructure so the CN can be used as a vehicle for rapid spread and improvement
- Ensure stakeholders are informed and optimism practice is shared to avoid duplication and work efficiently.

Partners and associate in this work

CCGs across Y&H, NHS England (Y&H), Provider organisations, AHSN.

Summary of Project Plan / KPIs - Main activities and milestones

**Q1-2**

- Develop and maintain communications and links with STP PMO Children and Young People’s Mental Health and Maternity leads
- Agree areas for joint work with STP PMOs and agree a work schedule
- Contribute to Children and Young People’s Mental Health and Maternity Steering Groups/Boards/Task and Finish Groups within or across STP footprints
- Contribute to STP Children and Young People’s Mental Health and Maternity events/masterclasses via input of CN team member/ clinical leadership support
- Develop and agree communication structures to ensure effective utilisation of resources with STPs.

**Q3 - 4**

- Review joint CN/ NHS England/STP regional requirements in late June 2017 to determine the Sept ‘17 to March ‘18 priorities in light of any NHS England North or Y&H developments and or funding issues that will require adaptation of the Network’s priorities.
Mental Health and Dementia

The Adult Mental Health (MH) and Dementia work programmes have been wholly developed in line with the requirements set out in national policy and Yorkshire & Humber (Y&H) Sustainability & Transformation Plans (STPs). The key principles upon which the following executive summary plans are based include:

- The need to develop clear work programmes which set out measurable outcomes and clear structures to underpin the delivery of these and which are clear on accountability and governance arrangements that are ratified by NHS England and STP Programme Management Offices
- A clear and symbiotic alignment with the Y&H DCO team, Intensive Support Team (IST) and impending new relationships with NHSI – to maximise the value from arm’s length bodies
- Engaging clinicians and working across organisational boundaries both within the NHS and out with health services
- Sharing what has worked well with other areas and teams and spread best practice
- A clear understanding of the importance of the MH and Dementia elements of the CCG Improvement and Assessment Framework (IAF), MH Dashboard and other MH policy key performance indicators for:

**Mental Health:**

- IAPT – access to, recovery rates and standards of service
- Early intervention in psychosis
- Urgent and Emergency Mental Health Care
- Liaison mental health services
- Out of area placements for acute MH inpatient care
- An understanding of Children and young people’s mental health services transformation in relation to transition into adult MH services
- An understanding of Perinatal MH requirements where most patients will access adult MH services.

**Dementia care:**

- Diagnosis rates and impact of changes to diagnostic calculations from April 2017
- Access and Waiting Times and post diagnostic standards of care
- Care Plan Reviews
- Delivery of the 5YFV/Dementia Implementation Plan overall.

The work programmes will be reviewed during Q2 of 2017-18 to ensure they remain aligned with national policy and local STP requirements.
MH1 - Project Title: Urgent and Emergency Mental Health Care

Description
To ensure patients have access to:

- Support before crisis point – making sure people with mental health problems can get help 24 hours a day / 7 days a week and that when they ask for help, they are taken seriously
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Priority areas
This programme of work forms part of a number of national policy and local STP priorities as described here.

Outcomes

- 24/7 community-based mental health crisis response service which offers intensive home treatment as an alternative to an acute inpatient admission and expansion of Crisis Resolution and Home Treatment Teams
- Plans should be in place to eliminate the use of police cells as a place of safety following detention under Section 135 & 136 of the Mental Health Act for children and young people and to ensure that they are used only exceptionally for adults from April 2017 (all ages) and reduction in the current significant overrepresentation of BAME and any other disadvantaged groups within detention rates
- Implementation/Publication of all CCGs’ Concordat plans and investment in improving places of safety
- Elimination of Out of Area placements (OAPs) by 2020/21 for non-specialist MH care.

Role of the Clinical Network

- Work with the 3 Y&H STP PMO leads in delivering their MH crisis care programmes (one of which is a Vanguard) – all referenced here – and to ensure all U&EC STP work links into MH programmes
- Develop programmes of work to contribute to local Crisis Care Partnership groups across Y&H at both CCG level (N=23) and STP level (N=3) – agreeing to lead on pieces of work common to most
- Maintain links with National Crisis Care Concordat groups and facilitate collaborative information sharing and peer to peer learning between national, regional and local partners
- Identify and share innovative models of crisis care and partnership working
- Support the development and implementation of multi-agency crisis care prevention, including suicide prevention, across Y&H in conjunction with YAS and PHE to promote more efficient working between health, local authorities, police and ambulance services when dealing with mental health crisis
- Work with CYP, PMH and Dementia/Older Adult MH teams, to ensure that pathways and treatment within Crisis services are accessible to all
- Share current status of information sharing between agencies involved in crisis care and identify barriers and opportunities for improvement including updating and maintaining a full Y&H map of crisis care services
- Link this work to the Liaison MH programme at regional and YH level
- Support the NHS England (N) U&EC lead in understanding YH activities on crisis care.

Partners and associate in this work

CCGs, NHS England (N) and (Y&H), YAS, Crisis Care Concordat Groups, AHSN, Attain, STP PMOs in Y&H.

Summary of Project Plan / KPIs - Main activities and milestones

<table>
<thead>
<tr>
<th>Q1-2</th>
<th>Lead on, or contribute to, specific programmes of work across the STP PMO footprints on crisis care (as referenced in the three STP plans), e.g. out of area placements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collaborate on multi-agency working via the development of a set of recommendations for a conveyance policy for Y&amp;H with YAS/police/fire and rescue/ STP PMO teams</td>
</tr>
<tr>
<td></td>
<td>Incorporate elements of all ages crisis care work into the LMH network’s activities on a quarterly basis</td>
</tr>
</tbody>
</table>

| Q3-4 | A review of the Mental Health Crisis Care work programme will take place in late June 2017 to determine the Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities. |
**MH2 - Project Title: Implementation of the Better Access to Mental Health 2020 – Early Intervention in Psychosis (EIP)**

**Description**
Ensure that 50% of people experiencing a first episode of psychosis commence a package of NICE-recommended care within two weeks of referral. Extending to 60% by 2020/21.

**Priority areas**
This programme of work forms part of a number of national policy and local STP priorities as described here.

**Outcomes**
- Over 50% of people experiencing First Episode of Psychosis will begin treatment within 2 weeks of referral into a mental health trust. (Mental Health Dataset/ CCG Improvement and Assessment Framework)
- All EIP providers in Y&H will have Service Development Improvement Plans in place to be able to meet the requirement to deliver NICE concordant package of care
- The Y&H EIP Network will become the main forum and vehicle for collaboration on a membership model basis to implement delivery of these standards, supported as required by IST/NHSI.

**Role of the Clinical Network**
- To support the EIP services to maintain performance above 50% seen within two weeks; if services drop below this level, support will be offered to investigate and address any barriers
- To engage with staff and service users from a range of organisations and backgrounds, and to action collaborative information sharing and peer to peer learning between national, regional and local partners
- To provide local clinical expertise, leadership and local intelligence into the DCO’s assurance process
- Work with Children and Young People’s and Older Adult mental health teams to ensure that pathways and treatment within EIP services are all age, undertaking joint working where required
- To understand the impact of At Risk Mental State (ARMS) assessments and treatment within EIP services
- Use the bi-monthly Y&H CCG Commissioners’ Meetings to discuss and agree action plans where there are common EIP issues
- Collaborate with the IST team to jointly deliver EIP Masterclasses, Deep Dive, Data analysis and associated direct interventions to improve services
- Contribute to NHSE (N) and NHSE (YH) bi-monthly regional steering group/programme group to review EIP performance improvement information and actions arising from those
- Lead and deliver the Y&H EIP Network meetings and develop a work programme of actions based on gaps that prevent the achievement of access and quality standards.

**Partners and associate in this work**
CCGs, NHS England (N) and NHSE (YH), STP PMOs in Y&H, IST, NHSI, YAS, AHSN, Provider Trusts/Organisations.

**Summary of Project Plan / KPIs - Main activities and milestones**

| Q1-2 | • Continue with quarterly YH EIP Network – March 2017 (CYP focus) and June 2017 (Primary care focus)  
• Preparedness to deliver standards with IST using the EIP Network as the main vehicle (Q1, 17-18)  
• Contribution to DCO Assurance (CCGIAF/MH assurance/MH programme group) via clinical leadership  
• Develop a User Involvement Strategy and operational group, including CYP and Older Peoples Mental Health, to influence the work  
• Communication – populate an interactive YH map of EIP services and develop other social media outlets to publicise the work of the EIP Network. |
<table>
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</thead>
<tbody>
<tr>
<td>Q3 -4</td>
<td>A review of the EIP work programme will take place in late June 2017 to determine the Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities.</td>
</tr>
</tbody>
</table>
MH3 - Project Title: Improving Access to Psychological Therapies (IAPT)

Description

Lead a Y&H IAPT network to support quality and transformation of services including recovery rates, waiting times and access to services for different groups of people.

Priority areas

This programme of work forms part of a number of national policy and local STP priorities as described [here.](#)

Outcomes

- Seventy five percent of people with common mental health conditions must access psychological therapies within six weeks of referral and 95% within 18 weeks; services need to maintain the current levels of access to IAPT services at a minimum of 15% of prevalence, whilst securing consistent delivery of a minimum of 50% recovery rate from treatment, and preparing to increase access to 25% over the next 5 years
- CCGs to increase access to integrated IAPT services with a focus on people living with long-term physical health conditions (contributing to 25% of need by 2020/21)
- People living with mental health problems supported to find or stay in work each year through employment support advisors
- Improved access to IAPT and recovery rates for perinatal patients (in conjunction with maternity CN).

Role of the Clinical Network

- Maintain the YH IAPT Providers’ Group with clear governance arrangements and good level of engagement by all YH providers and to introduce joint CCG commissioner and provider arrangements
- To improve key IAPT targets and work with CCGs/providers to deliver access standards in MH 2020
- Contribute to YH DCO Assurance processes where detailed knowledge of local services is required
- Jointly work with IST on IAPT data, recovery and capacity/demand workshops for all YH CCGs/providers with refresher masterclasses during 17/18 in conjunction with the development of Recovery champions for each Provider where requested
- Development of a leadership and capability programme for IAPT services
- Development of a Senior PWPs’ Forum to address known workforce and competence issues
- Work with CCGs on STP plans for integrating IAPT services for adults with anxiety and depression with focus on LTCs and those out of work
- Work with Children and Young People’s, Perinatal and Dementia/Older Adult mental health teams, along with commissioners of veteran services, to ensure that pathways and treatment within IAPT services are accessible to all
- Lead and maintain the IAPT on-line forum for sharing practice and addressing common concerns.

Partners and associate in this work

CCGs, NHS England (N) and (YH), IST, three STP PMOs, Provider organisations, HEE and Leeds Beckett University.

Summary of Project Plan / KPIs - Main activities and milestones

Q1-2

- Lead the Y&H IAPT Providers’ Group identifying their key priorities for Q1/2
- Work with Commissioners to schedule an IAPT Commissioners meeting, and to scope a programme of IAPT visits
- Contribute to YH STP work on IAPT services as referenced in STP plans
- Arrange and deliver joint IST/CN masterclasses on recovery and data improvement, alongside the development of Recovery Champions
- Contribute to YH DCO Assurance and IST ‘deep dive’ work in CCG areas where standards are not being achieved
- Project Initiation Document developed for an IAPT Leadership/Improvement Programme
- Work jointly with perinatal MH colleagues on mapping PMH services/access and recovery rates and identify key gaps in the system for resolution.

Q3-4

A review of the IAPT work programme will take place in late June 2017 to determine the Sept ’17 to March ’18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities.
## MH4 - Project Title: Improving Liaison Mental Health (LMH) Services in Y&H

### Description

Develop a Liaison Mental Health (LMH) programme of work to support U&ECNs to manage patients admitted to EDs in crisis and provide psychological medicine services to acute providers.

### Priority areas

This programme of work forms part of a number of national policy and local STP priorities as described here.

### Outcomes

- Improvement in the number of providers offering 24/7 crisis care that reach a minimum (core24) quality standards in acute hospitals, for adults/older adults, in emergency departments and inpatient wards. By 2020/21, all acute hospitals will have mental health liaison teams in place, and at least 50% of these will meet the ‘Core 24’ service standard as a minimum.

- All three STP PMOs are provided with support on LMH services from the YH LMH network via the Clinical Network leading or joining up with local delivery groups.

### Role of the Clinical Network

- To undertake a baseline of liaison mental health services and gap analysis of current position vs. Core 24
- Develop a Y&H LMH ‘Assurance Framework’ ensuring appropriate links to wider programmes such as STP work, UEC, primary care, crisis etc
- Review data submitted against liaison mental health indicators in CCG IAF and provide clinical input to YH DCO assurance process
- Identify ‘centres of excellence’ (i.e. liaison teams already meeting or exceeding the minimum Core 24 standard and those closest to meeting it) which could then support the development of other LMH services
- Develop and maintain Y&H LMH Network which links to the Regional LMH Task & Finish Group in relation to governance and work plan – including on-line forum and website communications
- Share good practice models including national pilots and work with the WY Vanguard on LMH/Crisis work
- Develop tools and guidance as necessary to support local understanding of the requirements, preparing for delivery, assessing baseline and gap analysis and understanding demand
- Provide clinical leadership in problem resolution and providing support
- Utilise the Regional LMH event (April 2017) as a springboard for further Y&H workshops in 17/18
- Work with Children and Young People’s, Perinatal and Older Adult mental health teams to ensure that pathways and treatment within LMH services are accessible to all.

### Partners and associate in this work

NHSE (N) and NHSE (YH), CCGs, STP PMOs, Providers, Attain, Dementia CN, A&E Delivery Board Chairs/groups, YAS, MHCC group chairs, CYP MH CN, U&ECN Chairs, AHSN.

### Summary of Project Plan / KPIs - Main activities and milestones

<table>
<thead>
<tr>
<th>Q1-Q2</th>
<th>At the February 2017 Regional and Y&amp;H LMH Network event, a series of objectives will be agreed for the LMH Network: these are indicated as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Establish a series of Task and Finish groups to address Core 24 standards (13% target for 17/18 across Y&amp;H)</td>
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<tr>
<td></td>
<td>- Develop a local LMH Assurance Framework using examples of best practice</td>
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<td></td>
<td>- Contribute to Y&amp;H DCO Assurance using clinical leadership/local knowledge</td>
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<tr>
<td></td>
<td>- Continue to build on STP/Vanguard relationships and collaborate with successful providers of Wave one LMH revenue to improve services</td>
</tr>
<tr>
<td></td>
<td>- Establish a clear programme of work for older aged adults and access to LMH/crisis services.</td>
</tr>
</tbody>
</table>

| Q3-4  | A review of the LMH work programme will take place in late June 2017 to determine the Sept ’17 to March ’18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities. |
MH5 - Project Title: Underpinning and Supporting Mental Health Work : CYP MH Clinical Network, Maternity Network, Dementia & Older People’s Mental Health, Public Health England (prevention concordat and suicide prevention), and internal adult MH CN activities required for governance purposes

Description
Supporting internal and other agencies to deliver their work programme using the expertise and relationships from the adult MH CN.

Priority areas
This programme of work forms part of a number of national policy and local STP priorities as described here.

Outcomes
- Improved co-ordination of CNs/ NHS agencies and improved communication between organisations
- Provider direct intervention and support for programmes requiring adult MH expertise
- A series of planned meetings/events/workshops are delivered in pursuance of national policy/STP requirements
- The internal governance of the adult MH/Dementia is very clear to stakeholders.

Role of the Clinical Network
- To support the CYP MH Improvement team and provide a lead role for EIP and crisis care where policy is ‘all ages’, and provide a supporting role for CYP IAPT and LMH: MH CN is the Associate CN supporting the work programme
- To support the Maternity CN with an adult MH contribution to Perinatal Task/Finish Groups; MH CN is the Associate CN supporting the work programme
- To work closely with the Dementia CN Team to ensure that the needs of older people’s mental health are included in the adult mental health work programmes
- To populate the MH website to keep stakeholders informed/sharing practice
- To provide monthly e-bulletins to all stakeholders informing them of our work/outputs and impending new work
- Provision of evidence based measures to inform MH commissioning via MH Intelligence Network
- Co-ordinate all MH CCG Commissioners’ meetings (6/year) - agendas/papers
- Co-ordinate all MH clinical expert groups – agendas/papers
- Provide a collaborative arrangement with IST for the delivery of masterclasses to Y&H CCGs/providers
- Representation provided at PHE Y&H Mental Health & Suicide Prevention Forum to contribute adult MH work into that group
- Representation provided for the PHE Y&H prevention concordat group to contribute adult MH and Dementia work
- Support the hosting of NHS England regional and national IST websites and on-line fora.

Partners and associate in this work
PHE, CYP, Dementia & Maternity CN, CCGs, NHS England (N) and (YH), YAS, MHIN.

Summary of Project Plan / KPIs - Main activities and milestones

<table>
<thead>
<tr>
<th>Q1-Q4</th>
<th>Plan, set up and contribute to all MH CCG Commissioners’ meetings – 6 per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attend CYP &amp; Maternity CN meetings and contribute to task/finish groups – 12 per year</td>
</tr>
<tr>
<td></td>
<td>Attend PHE MH &amp; Suicide Prevention Network and contribute to task/finish groups – 12 per year</td>
</tr>
<tr>
<td></td>
<td>Weekly website development</td>
</tr>
<tr>
<td></td>
<td>Monthly production of e-bulletins</td>
</tr>
<tr>
<td></td>
<td>Develop a suite of IST events/masterclasses for 2017/18 – arrange/contribute and evaluate.</td>
</tr>
</tbody>
</table>
D1 - Project Title: Diagnosing and Supporting Well

Description

- Achieving timely, accurate dementia diagnosis for at least two-thirds of the estimated population
- Working towards 85% of patients receiving a diagnosis within 6 weeks of referral (by 2020/21)
- All newly-diagnosed patients to have a named coordinator and agreed care plan
- Care plan review for all patients at least once within first year of diagnosis.

Priority areas

This programme of work forms part of a number of national policy and local STP priorities.

Outcomes

- Yorkshire & Humber average diagnosis rate maintained at a minimum two-thirds of estimated prevalence
- Improvement in diagnosis rates in those CCGs below 67% diagnostic rate ambition (baseline April 2017)
- Increased percentage of people referred who receive a dementia diagnosis within 6 weeks of referral (compared to baseline as at March 2017)
- Increased no. of people receiving a comprehensive annual review of their care plan, in line with national guidance, within first year of diagnosis
- Improved experience of dementia annual review.

Role of the Clinical Network

- Collaborate with the IST team to provide an intensive programme of support to those CCG(s) at high risk and provide tailored support to other CCGs not currently meeting the 67% diagnosis rate ambition
- Spread use of DiADeM (Diagnosis of Advanced Dementia Mandate) and DeAR-GP tool (targeting those CCG areas with lower rates), monitoring use and evaluating impact
- Establish an active memory services improvement network – including on-line forum and website communications. Agree clear governance arrangements and maintain a good level of engagement by all YH providers, moving towards joint CCG commissioner, GP lead and provider arrangements during 2017
- Offer capacity/demand workshops for all YH CCGs/memory service providers as required
- Develop tools and guidance as necessary to support local understanding of the new AWT requirements, understanding demand, assessing baseline and gap analysis, including workforce issues, identifying operational and commissioning barriers and preparing for delivery
- Develop and spread primary care-based tools to support comprehensive care planning and annual review with input from people living with dementia and carers
- Provide clinical leadership in problem resolution and developing joint solutions where appropriate
- Contribute to YH DCO Assurance processes where detailed knowledge of local services is required
- To provide local clinical expertise, leadership and local intelligence into the DCO’s assurance process
- Work with CCG commissioners, GP leads and providers, to ensure that pathways to diagnosis, treatment and support are accessible to all, including those with a learning disability and/or less common forms of dementia e.g. Lewy Body, Parkinson’s dementia, alcohol-related dementia
- Share good practice models and promote best practice including impact on care and cost efficiencies.

Partners and associate in this work

Provider Trusts/Organisations, CCGs, GP dementia leads, NHS England (N) and NHSE (YH), STP PMOs in Y&H, IST, NHSI, AHSN, MSNAP, NCCMH, Alzheimer’s Society, Code4Health.

Summary of Project Plan / KPIs - Main activities and milestones

Q1-2

- Targeted support to those CCGs below 67% diagnostic rate ambition (following change in calculation methodology from 1st April)
- Joint meeting of CCG commissioners, GP leads and memory service providers to review baseline data and gap analysis and plan for improvement
- Develop and finalise primary care-based tools to support care planning and annual review

Q3-4

A review of the diagnosing and supporting well work programme will take place in late June 2017 to determine the Sept ’17 to March ’18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities.
## Description

Reduce urgent non-essential hospital admissions, length of stay & re-attendance for older people. Improve quality of care including improved access to age-appropriate LMH services and reduction in acute out of area placements.

## Priority areas

This programme of work forms part of a number of [national policy](#) and [local STP priorities](#).

## Outcomes

- Reduction in urgent non-essential hospital admissions, length of stay and reduced re-attendance and admission for older adults with dementia
- Reduction in falls and harm from falls in people aged 65 years and over
- Increased number of people who return to usual place of residence following hospital admission
- Improved experience of people living with dementia who i) access A&E ii) are admitted to hospital
- Reduction in out of area placements (OAPs) for older adult acute MH beds by 33% during 2017/18 (compared to baseline as at April 2017)
- Improved support for carers and reduction in admissions due to carer crisis
- Improvement in the number of providers offering 24/7 LMH care that reaches a minimum (core24) quality standards and includes appropriate older adults expertise, in EDs and inpatient wards
- All three STP PMOs are provided with support on eliminating MH OAPs for older people and/or those with dementia
- All hospitals in Yorkshire & Humber signed up to John's Campaign, Y&H Delirium Charter and meeting criteria for dementia-friendly health and care setting.

## Role of the Clinical Network

- Provide older people’s expertise and clinical guidance to LMH and crisis programmes of work
- Establish a clear programme of work for older aged adults to support equitable access to LMH/crisis services
- Collated evidence base for what works in reducing crisis admissions in older people, particularly those with dementia, e.g. older people’s CRHT, use of comprehensive geriatric assessment, medication reviews, telecare and AT and support for carers
- Identify ‘centres of excellence’ for reducing harm from falls (e.g. vanguards) and support implementation elsewhere
- Identify and share models of enhanced care and meaningful activity within acute and residential care settings
- Continue to promote delirium toolkit within acute hospital settings, evaluating impact of resource in raising awareness and improving management. Initiate, develop and implement the Y&H Delirium Charter
- Adapt delirium toolkit for use within community and primary care settings, including care homes
- Lead and maintain the Acute Hospitals Dementia Champions Group including dedicated webpage and on-line forum for sharing practice and addressing common concerns.

## Partners and associate in this work

Acute care providers, PHE, Adult MH CN , CCGs, NHS England (N) and (YH), YAS, MHIN, DIN, STP PMO leads.

## Summary of Project Plan / KPIs - Main activities and milestones

### Q1-Q2

- Establish a clear programme of work for older aged adults and access to LMH/crisis services
- Lead the Y&H Acute Hospitals Dementia Champions’ Group identifying their key priorities for Q1/2
- Check feasibility of delirium toolkit resources in other care settings and adapt where appropriate
- Initiate and develop the delirium charter and begin sign up across Y&H.

### Q3 - 4

A review of the acute care pathway work programme will take place in late June 2017 to determine the Sept ’17 to March ’18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities.
**D3 - Project Title: Mental Health Five Year Forward View: Improving Older People’s Mental Health**

**Description**

Improve equality of access to community-based MH services for older people, including people with dementia and carers.

**Priority areas**

This programme of work forms part of a number of national policy and local STP priorities.

**Outcomes**

- Increased proportion of IAPT referrals for people aged 65 years and over (compared to baseline as at March 2016), in line with DH target to achieve 12% of referrals from this group
- Improved access to IAPT for carers of people living with dementia
- Reduce out of area placements and associated costs for people with dementia who require longer term residential and/or nursing care and who present with behaviours which services find challenging
- Improve experience of care for people living with dementia in care homes
- 24/7 community-based mental health crisis response service which offers intensive home treatment as an alternative to an acute inpatient admission for older people and expansion of Crisis Resolution and Home Treatment Teams which meet the specific needs of older people.

**Role of the Clinical Network**

- Establish baseline data for proportion of IAPT referrals for people aged 65 years and over in CCGs within Yorkshire & Humber and work with CCG commissioners and IAPT providers group to set specific targets around increasing the proportion of older people accessing IAPT services
- Develop and share case studies and learning where there are providers who innovate or where there are areas of good practice, including enabling carer access to IAPT
- Work with CCG GP dementia leads, and older people’s GP leads to increase awareness of effectiveness of IAPT for older people and referrals for this population group
- Work with CCGs on STP plans for integrating IAPT services for older adults with anxiety and depression with focus on LTCs
- Work with CCG commissioners to identify cost-effective care models for long-term residential placements for people with complex needs, including BPSD
- Work with the 3 Y&H STP PMO leads in delivering their OAP reduction programmes – and to ensure U&EC STP work links into dementia programmes where relevant
- Support Adult mental health team to ensure that pathways and treatment through EIP services address the specific needs of older people, undertaking joint working where required
- Support Adult Mental Health network to develop programmes of work which contribute to local Crisis Care Partnership groups – agreeing to lead on pieces of work which focus on older people’s needs
- Work with the 3 Y&H STP PMO leads in delivering the older people’s aspects of their MH crisis care programmes — and to ensure all U&EC STP work links into dementia programmes where relevant.

**Partners and associate in this work**

PHE, Adult MH CN, CCGs, NHS England (N) and (YH), YAS, MHIN, DIN.

**Summary of Project Plan / KPIs - Main activities and milestones**

**Q1-Q2**

- Work with CCG commissioners to identify cost-effective care models for long-term residential placements for older people with complex needs, including BPSD
- Work with CCG commissioners, GP leads and IAPT providers group to develop a work plan to increase referrals for people aged 65 years +.

**Q3-Q4**

- A review of the improving older people’s MH work programme will take place in late June 2017 to determine the Sept ‘17 to March ‘18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities.
<table>
<thead>
<tr>
<th>Description</th>
<th>People living with dementia die with dignity in the place of their choosing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority areas</td>
<td>This programme of work forms part of a number of national policy and local STP priorities.</td>
</tr>
</tbody>
</table>
| Outcomes | - Reduction in number of people with dementia who die in hospital  
- Reduction in % of people with dementia who have an emergency hospital admission within the last year of life  
- Reduction in average annual no. of emergency hospital admissions and no. of days spent in hospital for people with dementia in their last year of life  
- Increase in number of people with dementia who die in usual place of residence  
- Increase in number of people with dementia identified as being in the last year of life  
- Increase in number of people with dementia accessing specialist palliative care support  
- Increase in number of people with dementia who have the opportunity to create an advance care plan  
- Increase in number of people with dementia who die in the place of their choosing. |
| Role of the Clinical Network | - Establish Dying Well expert reference group to inform and develop Dying Well work programme  
- Establish baseline data and map current practice, identifying opportunities for shared learning and joint work  
- Collate and share relevant learning from local and national vanguard sites e.g. Airedale telemedicine hub and GoldLine  
- Identify and share innovative models of end of life care for people living with dementia and their family carers. |
| Partners and associate in this work | PHE, Adult MH CN, CCGs, NHS England (N) and (YH), YAS, MHIN. |
| Summary of Project Plan / KPIs - Main activities and milestones | **Q1-Q2**  
- Establish baseline data and map current practice  
- Establish Dying Well expert reference group and develop Dying Well work programme.  

**Q3-Q4**  
- A review of the dying well work programme will take place in late June 2017 to determine the Sept ’17 to March ’18 priorities in light of any national policy, funding or YH STP developments that will require adaptation of the Network’s priorities.
## D5 - Project Title: Underpinning and Supporting Older People’s MH and Dementia work across the region

### Description
Supporting internal and other agencies to deliver their work programme using the expertise and relationships from the Dementia CN.

### Priority areas
This programme of work forms part of a number of national policy and local STP priorities.

### Outcomes
- Improved co-ordination of CNs/ NHS agencies and improved communication between organisations
- Improved co-ordination and joint working across health and social care and across different organisations and professional groups, including voluntary sector
- Provide direct intervention and support for programmes requiring OPMH/Dementia expertise
- A series of planned meetings/events/workshops are delivered in pursuance of national policy/STP requirements
- The internal governance of the Dementia CN is very clear to stakeholders.

### Role of the Clinical Network
- To contribute to the adult MH CN in programmes where the needs of older people are required (e.g. EIP, LMH, IAPT and crisis care)
- To use the Dementia CN’s website, twitter feed and webinars to keep stakeholders informed/sharing practice
- To promote and facilitate joint working across different clinical specialities (e.g. Elderly care, general practice, old age psychiatry) and across different professional groups including social care and voluntary sector organisations to improve the care of people living with dementia
- To provide monthly e-bulletins to all stakeholders informing them of our work/outputs and impending new work
- Provision of evidence based measures to inform Dementia commissioning via Dementia Intelligence Network
- Co-ordinate all Dementia Regional Commissioners’ meetings (4/year) - agendas/papers
- Co-ordinate all Dementia Clinical Expert Groups (CEGs - 3-4 a year) – agendas/papers
- Provide a collaborative arrangement with IST for the delivery of relevant masterclasses to Y&H CCGs/providers
- Representation provided for the Y&H prevention concordat group to contribute older people’s MH issues
- To provide clinical network and geographical representation onto national policy groups such as the OPMH EAG and national dementia steering group.

### Partners and associate in this work
PHE, Adult MH CN , CCGs, NHS England (N) and (YH), YAS, DIN, Las.

### Summary of Project Plan / KPIs - Main activities and milestones

<table>
<thead>
<tr>
<th>Q1-Q4</th>
<th>Plan, set up and contribute to all Dementia Commissioners’ meetings – 4 per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan, set up and contribute to Dementia CEGs – 4 per year</td>
</tr>
<tr>
<td></td>
<td>Plan, set up and lead Task/finish groups on activities from regional meetings</td>
</tr>
<tr>
<td></td>
<td>Weekly website development</td>
</tr>
<tr>
<td></td>
<td>Monthly production of e-bulletins</td>
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<tr>
<td></td>
<td>Develop a suite of IST Dementia events/masterclasses for 2017/18 – arrange/contribute and evaluate.</td>
</tr>
</tbody>
</table>
MHD1 - Project Title: Working with NHS England (North) and NHS England (Yorkshire & Humber) on Adult and Older People’s MH/Dementia Work Programmes

Description

Provision of direct workforce and or advice/support for NHS England (North) and NHS England (Y&H) on their MH/Dementia Plans.

Priority areas

This programme of work forms part of a number of national policy priorities as described here.

Outcomes

- The CN team is identified as a source of support and or advice for adult and older people’s MH/Dementia elements of their work programmes
- The NHS England regional offices (North and Y&H) utilise existing MH/Dementia infrastructure groups/meetings led by the CN to discharge some of their work
- The CN and IST are used collaboratively to improve MH and dementia services via direct intervention/support
- The role of the Clinical Network is recognised as a partner to NHS England (N) and (Y&H) work, which is a vehicle for the delivery of national policy requirements and agreed pieces of work are discharged using the clinical network and completed/finished to NHS England’s satisfaction.

Role of the Clinical Network

- To offer a hands-on co-ordination/activity function where one piece of work is better done across a Y&H footprint
- To provide support/advice on elements of the adult and older people’s MH/Dementia work programme for which a responsibility is carried
- To contribute to MH EIP, LMH and other Steering Groups, Y&H MH Programme Group and associated Task and Finish groups, as required, to ensure maximum value from the clinical network’s function
- To work closely with IST (and impending NHSI) to deliver an improvement function arm for NHS England
- To ensure all MH leads are aware of CN activities and infrastructure so the CN can be used as a vehicle for rapid spread and improvement
- To contribute to regional (North) and Yorkshire & Humber Assurance/Deep Dive activities using clinical expertise and CN programme staff to discharge activities
- To contribute to NHS England’s Older People’s MH Expert Advisory Group (EAG) and National Dementia Steering Group.

Partners and associate in this work

NHS England (North and Y&H), IST, NHSI.

Summary of Project Plan / KPIs - Main activities and milestones

Q1-Q2

- Maintain communications and links with adult and older people’s MH/Dementia leads in NHS England’s offices
- Propose areas for immediate joint work with IST/NHSI and agree a work schedule
- Contribute to MH Steering Groups/Task and Finish Groups within the region
- Contribute to regional MH events/masterclasses via provision of programme staff and or clinical leads
- Support the development of a communications strategy so that the activities of the CN can reach the regional teams and vice versa to maximise the resources going into MH/Dementia work (and to avoid unnecessary duplication).

Q3-4

A review of the CN/NHS England regional requirements will take place in late June 2017 to determine the Sept ‘17 to March ’18 priorities in light of any regional/YH developments and or funding issues that will require adaptation of the Network’s priorities.
MHD2 - Project Title: Working with the three Y&H STP Programme Offices on their Adult and Older people’s MH/Dementia Plans

Description

Provision of direct workforce and or advice/support for the Y&H STP Programme Offices on their adult and OP MH/Dementia Plans.

Priority areas

This programme of work forms part of a number of national policy priorities as described [here](#).

Outcomes

- The CN team is identified as a source of support and or advice for the adult and OP MH/Dementia elements of their STP
- The STP PMOs utilise existing MH and Dementia infrastructure groups/meetings led by the CN to discharge some of their work
- The role of the Clinical Network is recognised as a partner to STP work, which is a vehicle for the delivery of national policy requirements
- Agreed pieces of work are discharged using the clinical network and completed/finished to the STP PMO’s satisfaction.

Role of the Clinical Network

- To offer a hands-on co-ordination/activity function where one piece of work is better done across a pan STP (i.e. Y&H) footprint (e.g. Out of Area Placements which features in all three STP plans)
- To provide support/advice to STP PMO functions on elements of the adult and OP MH/Dementia work programme for which a responsibility is carried
- To contribute to MH Steering Groups and Task and Finish groups, as required, to ensure maximum value from the clinical network’s function
- To ensure the STP PMO MH leads are aware of CN activities and infrastructure so the CN can be used as a vehicle for rapid spread and improvement
- To keep stakeholders informed/share optimism practice to avoid duplication.

Partners and associate in this work

CCGs across Y&H, NHS England (Y&H), Provider organisations, AHSN.

Summary of Project Plan / KPIs - Main activities and milestones

**Q1-Q2**
- Maintain communications and links with the three STP PMO adult and OP MH/Dementia leads
- Propose areas for immediate joint work (e.g. Out of Area Placements) and agree a work schedule
- Contribute to adult and OP MH/Dementia Steering Groups/Task and Finish Groups within the STP footprints
- Develop a communications strategy so that the activities of the CN can reach the STP teams and vice versa to maximise the resources going into adult and OP MH/Dementia work (and to avoid unnecessary duplication).

**Q3-4**
A review of the STP requirements will take place in late June 2017 to determine the Sept ‘17 to March ‘18 priorities in light of any YH STP developments and or funding issues that will require adaptation of the Network’s priorities.
STAFFING STRUCTURES

CN AND SENATE TEAM

Dr David Black
Medical Director

- Prof Graham Venables
  Clinical Director
- Ian Golton
  Associate Director
- Chris Welsh
  Senate Chair

- Jo Poole
  Senate Manager
- Clinical Network Managers
- Steph Beal
  Senate Administrator
- Quality Improvement Managers
- Quality Improvement Leads

- Lisa Alderson
  Senior Administrator
- Network Administrators
  Sarah Hope
  Gail Peacock
  Linda Robinson
  Agency Staff

CLINICAL NETWORK TEAMS

Associate Director
Ian Golton

- Clinical Network Managers
  - Allison Bagnell
  - Clare Hillitt
  - Julia Jessop
- Quality Improvement Managers
  - Rebecca Campbell
  - Penny Kirk
  - Charlotte Whale
  - Andrew Clarke
  - Hillary Farrow
  - Anna Downward-Fletcher
  - Sara Collier-Held
  - Emmerine Irving
  - Laura Whiston
- Quality Improvement Leads
  - Sarah Boul
  - Nicole Phillips
  - Colin Sloane
  - Matt Greensmith
  - Helen Adkinson
  - Lynsey Blackshaw
  - Lesley Emerson
  - Fiona Stephenson
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