

# Healthy Ambitions Prospectus



# Overview of the Work of the Pathway Leadership Boards

2010/11



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## Foreword

This Prospectus provides an update on the implementation of Healthy Ambitions, the outcome of the clinical review to ensure we have a world class NHS fit for the new demands of the 21st century. This document contains an overview of the work of the clinical pathway leadership boards, the underpinning regional workstreams and the progress being made in every PCT across Yorkshire and the Humber.

## Development of Healthy Ambitions

From the outset, NHS Yorkshire and Humber set its ambition to:

- Improve health and narrow health inequalities
- Improve the quality of health services
- Deliver value for money

The Next Stage Review provided an ideal opportunity for strengthening clinical engagement in the ongoing development of our overarching vision for health and health services in Yorkshire and the Humber.

During the review clinical pathway groups considered a range of evidence in forming their recommendations. This included:

- National and international evidence (supplemented by local clinicians)
- Detailed local comparative analysis, supplied by the Yorkshire and Humber Public Health Observatory
- Public opinion about local health services, from polling data and deliberative events
- Real patient stories, provided through two focus groups for each pathway

Early on in the review, it became clear that we would need to establish additional strands of work. These were focused on:

- Primary care: without tackling wide variations in primary care, it was clear that we would not be able to secure the excellent care pathways we wanted to put in place. We established therefore a small think tank which gradually took on the status of a “ninth” pathway
- District hospital models: Compared with some parts of the country there was relatively little dispute about the configuration of the tertiary hubs in Yorkshire and the Humber (Sheffield, Leeds and Hull). A more significant configuration issue (exacerbated now by the economic context) was the future for small to medium-sized hospitals. Again, we established a small think tank comprising some of our provider chief executives to lead thinking about ways of addressing this

We engaged with the voluntary sector, charities, the independent sector and local government as well as our own NHS staff. PCTs carried out local engagement activities. The draft reports from the CPGs were shared widely – leading to over 1,000 written submissions for CPGs to take into account before finalising their reports. Local authorities were invited at the outset to nominate representatives to be part of the clinical groups, which helped strengthen foundations for local partnership working. Focus groups tested the emerging recommendations, to ensure that the expectations of patients were taken into account as well as the views of clinicians.

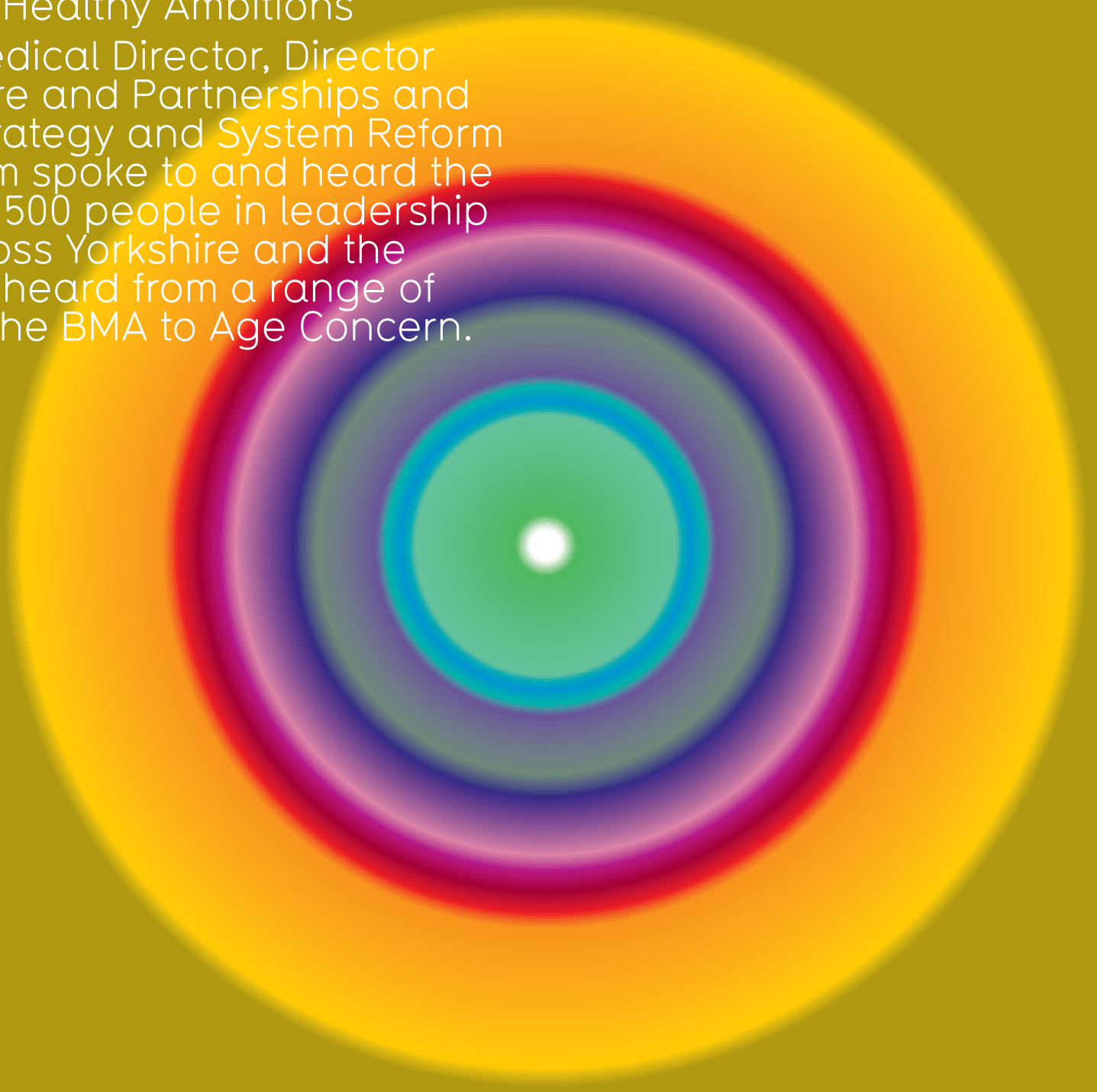
The culmination of the work by the CPGs was consolidated into the Y&H response to the Next Stage Review: Healthy Ambitions. This outlined the clinicians’ view of excellence, but also highlighted a number of areas where immediate remedial action needed to be taken. There was a clear focus on improving outcomes, tackling inequalities in health and reducing unwarranted variation.

The key pledges in Healthy Ambitions were:

- Saving 600 premature deaths per year with better stroke care
- Healthier lifestyles with a halt in the rise of obesity
- Halving the number of children admitted to hospital with asthma
- Rising breastfeeding rates – with reduced variation in the region
- Mental health services available without waiting
- Halving the number of preventable admissions from diabetes
- Experienced staff making decisions at the front door of every hospital and beyond for acute care
- Double the number of people dying at home rather than hospital
- A better system with fewer journeys for patients and families

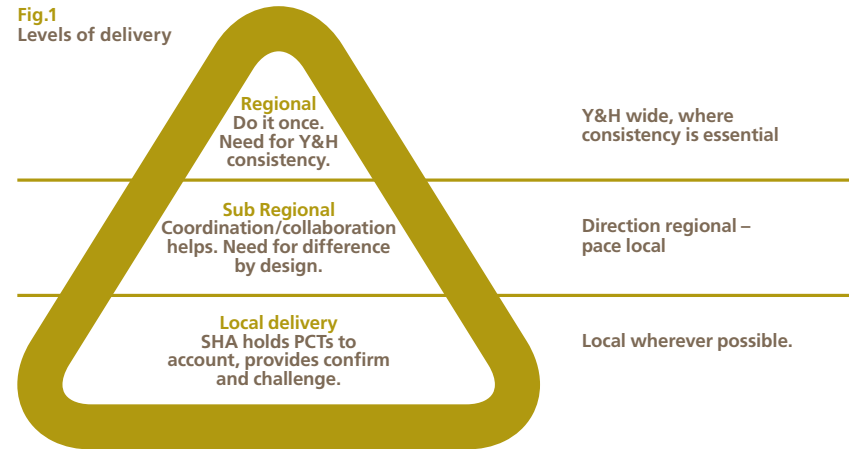
## 1.0 Delivering Healthy Ambitions

NHS Y&H's Medical Director, Director of Patient Care and Partnerships and Director of Strategy and System Reform between them spoke to and heard the views of over 500 people in leadership positions across Yorkshire and the Humber, and heard from a range of groups from the BMA to Age Concern.



Broadly speaking, people welcomed the report. However, there was one area where we received critical comments: the extent to which the report addressed the needs of people with learning disabilities. We felt this was a legitimate issue, and so subsequently established a Learning Disabilities Clinical Pathway Group, following the same model as the NSR. Their report is due to be published later this summer.

The framework for implementation was developed with the fourteen PCTs who took a leading role in determining how this could best be taken forward. A simple model was developed about the levels of implementation:



The next stage was to identify which recommendations should be taken forward at which level. The bulk of recommendations fell to local organisations to deliver – and it was clear that local organisations would need to prioritise which ones mattered most in light of their own local health needs and state of services, the priorities for their public and partners, and their financial circumstances.

We tested the extent to which PCTs had incorporated Healthy Ambitions recommendations into their five year strategic plans – and the CPG chairs reviewed every one of the fourteen plans against their reports. A small number of issues were identified for regional review, and this programme of work is underway – focussing in the first instance on stroke and vascular services.

To sustain the advances in clinical engagement and leadership at the regional level, we established Pathway Boards for each pathway, chaired by a PCT chief executive with clinicians and LA representation. These boards became champions for their individual pathways, overseeing a small number of cross-regional products or processes, and advising the SHA on any areas of concern or where we should be more challenging.

The model for implementation was published in March 2009 (Delivering Healthy Ambitions). It was accompanied by the SHA's workforce strategy – Workforce Ambitions – which provided very tangible evidence of how the strategic framework set by Healthy Ambitions was beginning to provide a framework for the SHA's core functions.

As we move into 2010/11, we are overhauling some of these original implementation arrangements. We are strengthening our approach to oversight of local delivery. As well as testing again this year strategic plans against the recommendations, we have co-produced (with the system) a set of metrics for each pathway for performance management in 2010/11. We have also developed a programme of work to support the delivery of Healthy Ambitions in a challenged economic environment. Delivering Healthy Ambitions – Better for Less is a series of briefings containing practical ways to improve care whilst making real savings. All are built on best clinical evidence and sound economic modelling and form part of our approach to QIPP.

The SHA board receives regular reports on how implementation is going. The NHS in Yorkshire and the Humber has already delivered:

- Roll-out of primary PCI across Yorkshire and the Humber (we estimate that in West Yorkshire alone this will have saved around 100 lives)
- Development of stroke assurance framework, and a different model for providing stroke services that maximises the potential of telemedicine (supported by £600,000 from DH). Our clinicians estimated that improving the stroke pathway could save around 600 lives, and reduce the number of people living with long-term disabilities
- Agreement on vascular standards, leading to the cessation of services in one Trust – and a vascular review across the region nearly completed, taking implementation of AAA screening into account

- Common approach to commissioning of bariatric surgery
- Protocols for in-utero transfers, improving safety for mothers and neonates
- Peer reviews carried out in mental health to drive forward spread of best practice identified in the report
- Development of primary care practice profiles to support primary care practitioners improve their own services, and for PBC consortia to challenge poor primary care practice within their own consortia
- Competence framework agreed for industrialising brief health promoting interventions

The majority of work to deliver improvements in health and health care, which reflect the aspirations identified in Healthy Ambitions, is carried out by local organisations. In every PCT's strategic and operational plans, we can see how they are taking forward recommendations, in light of their own local priorities and circumstances. One of our key objectives at the outset was to ensure that we used the review to accelerate and strengthen local leadership of health improvement, and to build on some of the excellent work already underway in our health system.

In essence therefore, delivery of the strategy is ensured through:

- The SHA challenges and tests local PCT strategic plans, against the framework provided by Healthy Ambitions. The vast majority of delivery takes place at this local level
- The SHA monitors local progress against a small number of key indicators, which reflect local priorities and circumstances. Individual PCT boards monitor a wider range of performance indicators. The WCC assurance process gives us a view as to the strength of local board ownership and governance of their strategic plans

- There are a number of regional Pathway Leadership Boards (PLBs), chaired by a PCT chief executive, with clinical leadership and local authority representation. Their role is to oversee a small programme of cross-regional work, provide "thought leadership" to the Y&H system – identifying what great and affordable services look like and helping to develop the means to put these into practice
- These PLBs report into the CE Forum, chaired by the SHA chief executive (see membership at Appendix 1). The CE Forum also oversees the small number of regional reviews (currently stroke and vascular services)
- The SHA board monitors progress on both these regional reviews, but also on actions which are for the SHA to take forward itself e.g. the workforce and IM&T implications

## 1.1 Regional Reviews

A small number of regional service reviews were identified by the clinicians working on Healthy Ambitions in order to:






- Ensure the highest standards of patient safety
- Improve outcomes and reduce risk
- Treat people in clinically appropriate settings
- Reduce unacceptable variations in the care of patients with life threatening conditions
- Improve access to the right levels of specialist skill

A regional review was deemed to be appropriate given the more specialist nature of some of the services involved and the need to have common standards across the region.








The recommendations resulting from these regional reviews will have a range of implications for the way services are delivered across the region, and before taking decisions we need to understand their impact in terms of activity, finance and workforce on existing organisations. It has been agreed that each regional review will include an impact assessment before it makes its recommendations.

# Recommended Review & Rationale

The following is a list of regional reviews by Pathway Leadership Board with an update on progress:

<p><b>Planned Vascular</b> </p> <hr/> <p>To ensure that across the region the NHS provides the best quality of care and to agreed service standards</p> <p><b>Status</b></p> <hr/> <p>Underway – nearing completion</p> <p><b>Progress</b></p> <hr/> <ul style="list-style-type: none"> <li>Standards set and agreed by SCG</li> <li>Impact Assessment produced</li> <li>Decisions on models to be taken Summer 2010</li> </ul>	<p><b>Planned Critical Care</b> </p> <hr/> <p>To assess current standards of critical care across the region and the extent to which national standards are being met</p> <p><b>Status</b></p> <hr/> <p>Scoping</p> <p><b>Progress</b></p> <hr/> <p>PLB gathering information on variation, impact, interdependencies and productive ward implementation</p>	<p><b>Planned Interventional radiology</b> </p> <hr/> <p>To ensure service standards apply uniformly across the region – closely linked to vascular review</p> <p><b>Status</b></p> <hr/> <p>Pending</p> <p><b>Progress</b></p> <hr/> <p>N/A</p>	<p><b>Planned Upper GI Surgery</b> </p> <hr/> <p>Issues are related both to radiology and to the aftermath of the centralisation of upper GI cancer surgery</p> <p><b>Status</b></p> <hr/> <p>Pending</p> <p><b>Progress</b></p> <hr/> <p>N/A</p>	<p><b>Planned Urology</b> </p> <hr/> <p>Healthy Ambitions suggested a review of the scope and distribution of urology should there be a divide between operating and non operating urologists</p> <p><b>Status</b></p> <hr/> <p>Pending</p> <p><b>Progress</b></p> <hr/> <p>Low priority</p>
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# Recommended Review & Rationale

<p><b>Acute Stroke</b> </p> <p>To address unacceptable variations across Yorkshire and Humber for key elements of stroke care</p> <p><b>Status</b></p> <p>Underway – nearing completion</p> <p><b>Progress</b></p> <p>Stroke Assurance Framework in place (agreed by SCB in September)</p> <p>Local implementation plans developed by PCTs (December 2009)</p> <p>DH awarded the SHA £600k to implement telemedicine across the region as a result of the development of the Stroke Assurance Framework</p> <p>Regular updates on progress to CEs</p>	<p><b>Acute Major trauma</b> </p> <p>Improvement in outcomes for major trauma patients in specialised units</p> <p><b>Status</b></p> <p>Scoping</p> <p><b>Progress</b></p> <p>Draft scoping paper considered by SCB at September meeting and put on hold pending scoping of wider regional work on QIPP</p> <p>CEs reviewed proposal March 2010 and asked for further work – commencement expected summer 2010</p>	<p><b>Acute Primary angioplasty</b> </p> <p>Acute ST Elevation MI patients should be treated with primary angioplasty within 150 minutes of calling for help</p> <p><b>Status</b></p> <p>Underway – nearing completion</p> <p><b>Progress</b></p> <p>Assurance framework developed and good progress in achieving region wide PPCI coverage. Roll out should be completed in 2010</p>	<p><b>Children Paediatric surgery/ critical care</b> </p> <p>To examine the impact of workforce challenges on the shape and distribution of services</p> <p><b>Status</b></p> <p>Pending</p> <p><b>Progress</b></p> <p>Paediatric review work underway in South Yorkshire and collaborative commissioning in the West and North</p> <p>Scoping proposal to be considered by CE Forum May 2010</p>	<p><b>Other regional work led by SCG Staying Healthy</b> </p> <p>Commissioning of bariatric surgery</p> <p><b>Status</b></p> <p>Underway</p> <p><b>Progress</b></p> <p>Commissioning policy in place</p> <p>Capacity review/market assessment completed</p> <p>Procurement completed and increased capacity implemented</p> <p>Work by PCTs to review local weight management systems and to feed into revised commissioning policy</p>	<p><b>Other regional work led by SCG Children</b> </p> <p>Tier 4 CAMHS</p> <p><b>Status</b></p> <p>Underway</p> <p><b>Progress</b></p> <p>Work in progress to develop common service specification and standardise commissioning arrangements</p> <p>Work includes benchmarking all activity and costs for current services</p>	<p><b>Other regional work led by SCG Maternity</b> </p> <p>In-utero transfer</p> <p><b>Status</b></p> <p>Underway</p> <p><b>Progress</b></p> <p>Systematic monitoring of in-utero and ex-utero transfers (December 2009)</p> <p>Review of overall neonatal services prompted by National Neonatal Task Group Toolkit. Principles to be included in commissioning intentions and service specifications by April 2010</p>
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## 1.2 Metrics

A Healthy Ambitions dashboard has been developed to measure and demonstrate progress against the Healthy Ambitions recommendations. Whilst PCTs will have their own indicators to assess progress against their strategic plans, PCT CEs agreed to develop a set of regional indicators relating to the Healthy Ambitions pathways.

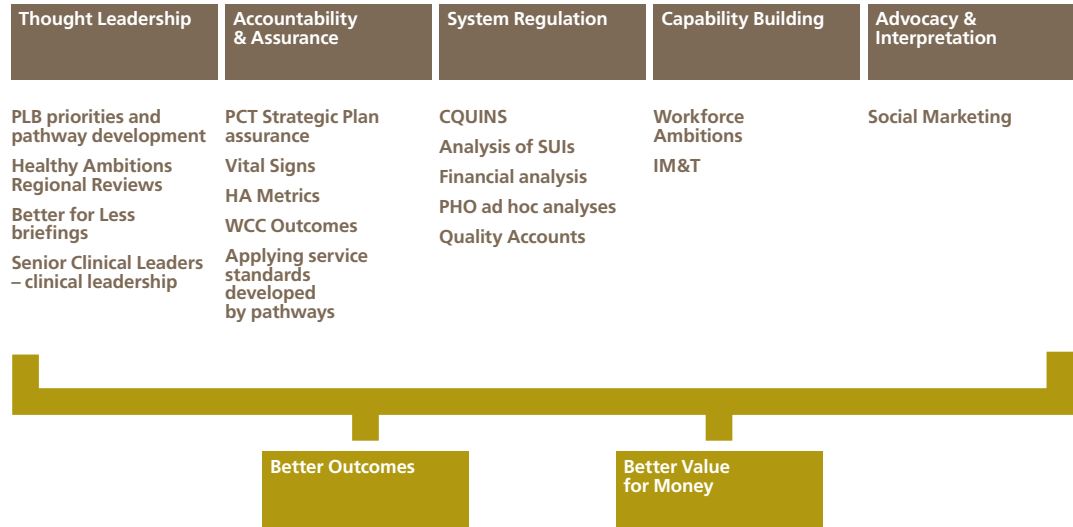
Progress against these indicators will be built into SHA performance management conversations with PCTs. The expectation is that there should be clear improvement on the indicators correlating to local priorities set out in each PCT's strategic plan.

Metrics are listed in more detail in the individual Pathway Leadership Board sections later on in this document.

## 1.3 The SHA's five roles in Healthy Ambitions

The SHA's operating model has five key functions set out in its corporate strategy. The ways in which elements of the Healthy Ambitions programme fit within this model are illustrated in the diagram.

The role of the Pathway Leadership Boards is to provide "thought leadership" to the Y&H system mobilising expertise in the region to identify what great and affordable services would look like and helping to develop the means to put this into practice. It is then for the SHA in its assurance role to hold local organisations to account for making progress on the key issues which we all agree are important.



# 1.4 Pathway Leadership Boards at a Glance

<p>Maternity &amp; Newborn Care </p> <p><u>Lead Chief Executive</u></p> <p>Andy Buck</p> <p><u>Clinical Leads</u></p> <p>Dotty Watkins Sean Duffy</p> <p><u>SHA Lead Manager</u></p> <p>Jean Hawkins</p>	<p>Children </p> <p><u>Lead Chief Executive</u></p> <p>Chris Long</p> <p><u>Clinical Leads</u></p> <p>Ian Lewis Eric Kelly</p> <p><u>SHA Lead Manager</u></p> <p>Jean Hawkins</p>	<p>Staying Healthy </p> <p><u>Lead Chief Executive</u></p> <p>Simon Morrirt</p> <p><u>Clinical Leads</u></p> <p>Wendy Richardson Greg Reynolds</p> <p><u>SHA Lead Manager</u></p> <p>Carol Massey</p>	<p>Long Term Conditions </p> <p><u>Lead Chief Executive</u></p> <p>Ivan Ellul</p> <p><u>Clinical Leads</u></p> <p>Eileen Burns Richard Jenkins</p> <p><u>SHA Lead Manager</u></p> <p>Paul Rice/ Colin Mclwain</p>	<p>Acute Episode </p> <p><u>Lead Chief Executive</u></p> <p>Annette Laban</p> <p><u>Clinical Leads</u></p> <p>David Dawson Peter Campbell Kevin Reynard</p> <p><u>SHA Lead Manager</u></p> <p>Tim Barton</p>
<p>Planned Care </p> <p><u>Lead Chief Executive</u></p> <p>Jan Sobieraj</p> <p><u>Clinical Leads</u></p> <p>Mark Baker Ian Jackson Wendy Quinn Karen Dearden</p> <p><u>SHA Lead Manager</u></p> <p>Ian Holmes</p>	<p>Mental Health </p> <p><u>Lead Chief Executive</u></p> <p>Ailsa Claire</p> <p><u>Clinical Leads</u></p> <p>Nick Morris Wendy Burn</p> <p><u>SHA Lead Manager</u></p> <p>Heather Raistrick</p>	<p>Learning Disabilities </p> <p><u>Lead Chief Executive</u></p> <p>Rob Webster</p> <p><u>Clinical Leads</u></p> <p>Liz Carmody David Harling</p> <p><u>SHA Lead Manager</u></p> <p>Heather Raistrick</p>	<p>End of Life Care </p> <p><u>Lead Chief Executive</u></p> <p>Alan Wittrick</p> <p><u>Clinical Leads</u></p> <p>June Toovey Fiona Hicks</p> <p><u>SHA Lead Manager</u></p> <p>Cath Wardle</p>	<p>Primary Care </p> <p><u>Lead Chief Executive</u></p> <p>Rob Webster</p> <p><u>Clinical Leads</u></p> <p>Georgina Haslam Eithne Cummins</p> <p><u>SHA Lead Manager</u></p> <p>Helen Parkin</p>

Notes for all

Accountable To

Yorkshire and the Humber Chief Executives' Strategic Forum

Objectives

To deliver recommendations to drive forward the delivery of 'Healthy Ambitions' In Y&H

Outputs & Benefits

Working to improve decision making, the quality of services and the health of people in our region

## 2.0 Key SHA Contacts



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& the Humber

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# 3.0 Healthy Ambitions Governance & Delivery Structures



### 3.1 Role of the Pathway Leadership Boards

- To initiate and conduct regional service reviews (where the requirement is identified in clinical pathway report) if approved by the Chief Executives' Strategic Forum
- To oversee regional reviews and/or enabling work identified by the clinical pathway group. (Reviews conducted by task groups or workstreams reporting to the PLB)
- To report findings of regional reviews to the Chief Executives' Forum who will consider and make appropriate decisions
- To refine and re-appraise regional models of care as new evidence emerges
- To act as a sounding board for the development of key enabling strategies e.g. finance, IM&T, workforce, social marketing etc
- To advise the SHA and PCTs on risks to delivery of pathway recommendations
- To identify and share good practice

### 3.2 Role of Lead Chief Executive

- To chair the pathway leadership board, offering leadership to ensure the group can fulfill its terms of reference
- To ensure the wider CE community is fully aware of the key issues being addressed by the Pathway Leadership Boards
- Responsible, on behalf of the PLB, for regional reviews that are being undertaken (by task group or work stream answering to the PLB)
- Receiving regular updates on pathway metrics
- Accountable, on behalf of the PLB, to the CE's Strategic Forum

### 3.3 Role of Senior Clinical Leader

- To support the lead PCT CE, providing clinical insight into the delivery of the pathway recommendations
- Providing impartial, objective advice and direction to task group or workstream conducting regional reviews and on any proposal to establish new reviews
- To act as a clinical advocate and source of advice for local and regional implementation of the pathway recommendations

### 3.4 Role of the SHA Lead Manager

- Manage the pathway leadership board meetings, ensuring the group has an effective, representative membership able to fulfil its terms of reference
- Ensure the group has regular access to up to date pathway metrics (Healthy Ambitions dashboard)
- Oversight of regional reviews recommended by CPGs. The initiation, conduct and outcome of these reviews must be reported to CE's Strategic Forum for cumulative impact to be considered and next steps agreed
- Taking day to day responsibility for ensuring a focus on implementation locally and regionally (to include sharing of best practice between health communities and managing potential risks to implementation)
- Liaise with other lead managers where delivery is dependent, or has an impact on other groups
- With the chair, provide regular updates for the CE Forum and SHA Board

# 4.0 Healthy Ambitions Pathway Leadership Boards



# 4.1 Acute Episode

## PLB Key Work Areas

### Stroke

- Development and implementation of stroke assurance framework including oversight of the peer review process
- Development of PPCI assurance framework

(In place by April 2010)

### Urgent Care

- Clinical input into urgent and emergency care work stream including identifying the hallmarks of excellent urgent care for use by the SHA in dialogue with local health economies

(Think piece April 2010)

### Trauma

- Establishing an effective regional trauma network to improve quality and reduce variation

(Initiation May 2010)

## PLB Products/Outputs

- PPCI assurance framework (Ongoing)
- Stroke Assurance Framework (Agreed by SCB September 2009)
- Stroke Telemedicine project – roll out of telemedicine links Y&H wide to support rapid diagnosis of stroke (By May 2011)
- Hallmarks of quality urgent care (April 2010)
- Regional trauma network (by April 2011)
- Improved TARN data (April 2011)
- Acute pathway embedded in PCT strategic plans (February 2010)

## PLB Better for Less Opportunities

The following opportunities have been shortlisted by clinicians:

- Falls prevention and fragility fracture management
- Management of TIAs
- Optimal stroke services
- Develop effective trauma networks
- Fractured neck of femur best practice
- Appropriate use of ambulances
- Change pathways to avoid unnecessary hospital admissions and improve the management of the acutely unwell.
- Develop a single point of access / 3-digit number  
(Produced in line with monthly QIPP pack schedule)

## Senior Clinical Lead Objectives

### David Dawson

- To be the clinical champion and guardian of the Healthy Ambitions stroke care recommendations
- To support PCTs in implementing the recommendations relating to PPCI

### Kevin Reynard

- Responsibility for the emergency and urgent care recommendations with a focus on assuring the hallmarks of a high quality urgent care system
- To keep an overview of the work on an acute care dashboard being taken forward by the College of Emergency Medicine and ensure appropriate links are made

### Peter Campbell

- To be a clinical champion for trauma recommendations including developing a regional clinical network for trauma services.
- To support commissioners and providers to assess current services and develop service models using Better for Less and QIPP frameworks

## HA Regional Review

- Stroke (At implementation)
- Primary Angioplasty (At implementation)
- Trauma (May 2010 onwards)

## Current PLB Metrics

- Stroke mortality per 100,000
- Stroke admissions
- Stroke readmissions within 3 months
- % of TIA with a higher risk of stroke who are treated within 24 hrs
- Time to reperfusion (primary angioplasty) for patients with heart attack

## Other ad-hoc analyses

None

## Progress since publication of HA

- PPCI roll out programme (Implemented 2009 – 2010)
- Development of regional stroke assurance framework (Completed 2009, implementation 2010)
- Submission of PCT stroke implementation plans (December 2009)
- Development of stroke telemedicine project and secured £600k inward investment (From February 2010)
- Re-scoping of major trauma review into development of regional trauma network
- Analysis of urgent and emergency care system to inform further work on improving pathways, reducing duplication and increasing efficiency (March 2010)
- Urgent care QIPP resource pack (March 2010)
- Agreeing Better for Less priorities and briefings to contribute to regional QIPP challenge (Ongoing)
- 3 senior clinical leaders acting as advocates for acute pathway recommendations with peers (Ongoing)

For more information on the work of the Acute Care pathway please contact

**Tim Barton**

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## 4.2 Planned Care

### PLB Key Work Areas

- Oversight and advice on the 5 regional reviews proposed for planned care (vascular, critical care, interventional radiology, upper GI surgery and urology)
- Analysis to understand current variations in provision of critical care
- Development of clinical thresholds for 10 high cost high volume procedures
- Support to the regional response to QIPP
- Focusing on productivity opportunities in outpatients, electives and diagnostics

### PLB Products/Outputs

Key outputs include:

- Clinical standards resulting from the regional review processes (as per review timetable)
- Clinically owned thresholds for high volume procedures, to be implemented by PCTs (from April 2010)
- A QIPP resource pack identifying key productivity opportunities across the planned care pathway (April 2010)
- Regional analysis of quality and variation of critical care (Summer 2010)

### PLB Better for Less Opportunities

Minor surgery in the community  
Enhanced recovery programme

Pathology  
(Produced in line with monthly QIPP pack schedule)

### Senior Clinical Lead Objectives

All responsible for the delivery of outputs below with a particular emphasis on:

Ian Jackson: Critical care and day surgery

Mark Baker: Regional reviews

Karen Dearden: Critical care and QIPP

Wendy Quinn: QIPP and diagnostics.

### HA Regional Review

5 reviews in total:

- Vascular – underway being led by SCG (by late Spring 2010)
- Critical Care – scoping analysis being carried out (Scoping)
- Interventional Radiology (Pending)
- Upper GI Surgery (Pending)
- Urology (Pending)

### Current PLB Metrics

- Day surgery rate
- Outpatient appointments per spell of treatment (hips & knees)
- Admission rates for hip and knee replacement
- Average length of stay for hips and knees
- Readmission rates (within 3 months) for hip and knee replacement

### Other ad-hoc analyses

None

### Progress since publication of HA

- Vascular review close to completion (Spring 2010)
- Critical care scoping nearing completion (Summer 2010)
- High volume high cost procedures identified (February 2010)
- Clinical thresholds process established (April 2010)

For more information on the work of the Planned Care pathway please contact

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## 4.3 Staying Healthy

### PLB Key Work Areas

#### Smoking, Alcohol and Obesity

- To encourage all front line staff in the NHS to 'make every contact count' – utilising the thousands of service contacts every day to transmit the staying healthy message, specifically in relation to smoking, alcohol and obesity
- Developing widespread use of brief interventions tools in the NHS workforce in line with NICE guidance – which can identify problems quickly and refer people to the appropriate services
- Commissioning tiered levels of services which are able to directly intervene and support people who want to change. This includes specialist services for people with serious problems – such as surgery for people who are very obese
- Working collaboratively with other partners – in particular local government to tackle the wider issues which are related to the 3 key risk factors

### PLB Products/Outputs

- Audit of obesity services across the region
- Specifications for local obesity support services
- Set of competencies for behaviour change
- Staying Healthy QIPP pack (May 2010)

### Better for Less Opportunities

- Reducing admissions to A&E through tackling alcohol related harm
- Reducing the need for intervention in maternity and neonatal services through reducing the number of pregnant women who smoke
- Making Every Contact Count: using mainstream NHS services to deliver the key staying healthy messages  
(Produced in line with monthly QIPP pack schedule)

### Senior Clinical Lead Objectives

#### Wendy Richardson

- To be the champion and guardian of the Healthy Ambitions – Staying Healthy recommendations
- Supporting PCTs to enable the 'industrial scale' of services to be commissioned
- To lead the Public Health Workforce Advisory Group in broadening the public health skills base across a range of disciplines and professions

#### Greg Reynolds

- Focus on the education of medical students and junior doctors in managing alcohol, obesity and tobacco issues
- Leading on Improving awareness of Primary Care and support services amongst regional cardiologists and physicians
- Examine potential for introduction of an elearning package to increase the delivery of smoking cessation advice, focussing on "brief interventions" (May 2010)

### HA Regional Review

#### Commissioning of bariatric surgery (led by SCG) (underway)

- Interim Commissioning policy in place.
- Capacity review/market assessment completed.
- Procurement completed and increased capacity implemented
- Work by PCTs to review local weight management systems and to feed into revised commissioning policy

### Current PLB Metrics

- The number of people smoking – including pregnant women.
- The number of people admitted to hospital for alcohol related problems – and the number of people dying as a result of alcohol related problems.
- The numbers of adults and children who are classed as obese.

### Other ad-hoc analyses

None

### Progress since publication of HA

- Establishment and implementation of the 'Making Every Contact Count' work programme in the region – including two high profile conferences. 'Making Every Contact Count' sets out an ambitious and transformational change for the NHS workforce
- A set of staff competencies for behaviour change has been developed in line with NICE guidance. This work is pioneering and will embed the Staying Healthy pathway recommendations amongst frontline NHS staff
- Progress is being made in providing Nicotine Replacement Therapy free of charge to people who want to stop smoking. A regional audit demonstrates increasing provision
- Work with the Specialist Commissioning Group (SCG) to agree a regional protocol and specification for surgery for people who are very obese
- An audit of services currently commissioned to support people who are trying to losing weight. Results have been shared across the region
- An analysis of the current provision of alcohol services in the region is underway
- Engaging the people of Yorkshire and the Humber in Staying Healthy work through campaigns such as the Great Drink Debate and Change for Life

For more information on the work of the Staying Healthy pathway please contact

**Carol Massey**

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## 4.4 Long Term Conditions

### PLB Key Work Areas

#### Telehealth

Establish Tele Health Regional Programme and define products to be commissioned eg:

- Regional Tele Health Hub (incorporating T Monitor, T Consult, T Learn)
- E-consultation tariff
- Care Planning template programme in conjunction with DH

#### Personal Health Budgets

- Establish Regional Learning Network and connect with personalisation leads in local authorities (May 2010)
- Confirm the lessons from personal budgets (care) and develop materials for NHS organisations to promote take up of personal health budgets (April 2010)
- Share learning and models of best practice in the region (as agreed with PCT pilot sites)
- Organise a regional workshop that brings together LAs and PCTs on personalisation and personal health budgets to share and spread learning (September 2010)
- Identify and share best practice in risk stratification, predictive care management tools

### PLB Key Work Areas (cont.)

#### Care Pathways

- Advising on the key metrics and analytical work needed to take forward specific care pathways and cross cutting generic measures e.g. for diabetes, COPD, CHD/CVD and falls. Also looking at PHO data on a patch by patch basis / advise on key areas for focus. (September 2010) (link to DH timetable and work programme)
- Care Navigation – liaise with HIEC to produce competency/skills based framework for the introduction of care navigation skills in workforce development plans.
- Secure clinical leadership and project management capacity to support frontline NHS organisations to improve health outcomes and realise QIPP benefits for patients with COPD. Organise a national/ regional COPD learning event. (March 2010)

### PLB Products/ Outputs

- Building NHS commissioning capacity through delivery of development resources including: e-consultation tariff; care planning template rollout; personal health budgets learning network; predictive care management tools; care navigation skills framework and COPD resources.
- Benchmarking and baseline information re LTC performance on key metrics
- Publish LTC QIPP datapacks throughout 2010/11

### Better for Less Opportunities

- Personal Care Planning for people with complex health or care needs – use of care planning template (December 2009)
- Falls Care Pathway (February 2010)
- Fractured Neck of Femur best practice (March 2010)
- Improve the quality and experience of diabetes care, including the 'Think Glucose' campaign
- Primary care management of diabetes
- Improve the quality and experience of patients with COPD/ home oxygen assessment service/ support for self care
- Continuing Care/ Intermediate Care/ reablement

### Senior Clinical Lead Objectives

- Richard Jenkins to lead on identifying and implementing strategies to minimise occupied bed days for patients with diabetes emergencies
- Eileen Burns to work with Richard Pope and Shahid Ali to ensure the electronic care planning template is effective for patients with multiple co-morbidities and helps to identify frailty
- Eileen Burns to develop a network of health and social care leaders to spread good practice throughout the PCTs in our region with regard to the care of frail older people, using marker conditions/ issues such as falls prevention to start discussions
- Richard Jenkins and Eileen Burns to provide strategic clinical leadership to the development of materials to support NHS organisations to deliver improved care pathways for patients with long term conditions – Diabetes, COPD, Falls

### HA Regional Review

None

### Current PLB Metrics

- Admissions and readmissions from a diabetes related episode
- Length of stay for diabetes – admissions and readmissions
- % of people with diabetes offered diabetic retinopathy screenings
- Patients with diabetes in whom the last HbA1c is 7.5 or less

### Other ad-hoc analyses

None

### Progress since publication of HA

- National Personal Health Budgets (PHB) pilots established Doncaster and Hull)
- Y&H PHB learning network being developed
- Health and Social Care Personalisation (Personal Budgets) work programme developed (in partnership with JIP and Sheffield LA)
- Regional telehealth programme established
- Personal health planning template roll out programme
- YHIP Business Plan agreed for 2010/11 including priorities for Older People and Vulnerable Adults – Personalisation, Carers, Early Intervention and Prevention, Safeguarding
- 3 senior clinical leaders acting as advocates for long term conditions pathway recommendations with peers

For more information on the work of the LTC pathway please contact

**Paul Rice**

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or **Colin McIlwain**

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# 4.5 Primary Care

## PLB Key Work Areas

- Supporting the primary care elements of the other pathway boards
- Driving improvements in the quality of primary care commissioning provision and challenging unacceptable variation
- Providing strategic leadership to accelerate the learning from Practice Based Commissioning (PBC)
- Translating National Primary Care Strategy into locally meaningful outcomes
- Recommending actions and showcasing initiatives that will contribute positively to the quality and productivity challenge (Quality, Innovation, Productivity and Prevention – QIPP)

## PLB Products/Outputs

- Work with the Public Health Observatory (YHPHO) to develop a dashboard to assess the impact of 'products' on PCT behaviour and consequently patient care and experience (June 2010)
- A survey on the use of the Practice Profiles across the region to assess their impact (July 2010)
- The establishment of a Primary Medical Care clinical reference group to accelerate clinical engagement and spread (May 2010)
- Develop a clinical vision for the future of Primary Care 5 – 10 years on (Work to commence in May 2010)

## PLB Better for Less Opportunities

- Care Homes LES
- A template for completion by the PCTs on other PC and PBC initiatives that may fit the Better for Less model.  
(Produced in line with monthly QIPP pack schedule)

## Senior Clinical Lead Objectives

Georgina Haslam

- To promote innovative primary care pathways of care
- To support the implementation of the primary care objectives of other boards pathways
- To promote the development and ownership of a shared electronic patient record with commissioners and providers

Eithne Cummins

- To establish relationships with PBC leaders on other SHA Leadership Boards in order to achieve objectives of the Primary Care Leadership Board
- To promote the Quality and Productivity agenda for Primary Care
- Provide a primary care clinical perspective into the Primary Care Access social marketing project in order to improve access

## Current PLB Metrics

- % Patient satisfaction with phone access at GP surgery or health centre
- % Patient satisfaction with opening hours at GP surgery or health centre
- QOF Achievements - % of max points achievable
- QOF Exception Rate

## Other ad-hoc analyses

- Audit into the use of Practice Profiles across the region
- Considering the development of a General Practice 'dashboard' of high level indicators to examine trends

## Progress since publication of HA

- Creation and refreshment of the 'Practice Profiles' (December 2008 and refreshed December 2009)
- Event on the role of Primary Care (PC) in reducing Health inequalities (HI) with the HI National Support Team (NST) (June 2009)
- 'World Class Commissioning of Primary Care' regional event with DH to raise awareness of the importance and complexity of PC Commissioning and Contract Management (September 2009)
- A survey of Practice Based Commissioning (PBC) consortia leads and practices to inform the PLBs strategy to further progress PBC. (December 2009 and February 2010 – April 2010)
- A social marketing project to understand patient/public behaviour and access to health services. This work is being further refined (initial findings June 2009)
- A project designed to identify the characteristics of 'World Class Primary Care' which provides a framework for practices to improve and develop their services
- We have commissioned a study into the education and training profile and needs of Practice Nurses (September 2009)

For more information on the work of the Primary Care Board please contact

**Helen Parkin**

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# 4.6 Maternity & Newborn Care

## PLB Key Work Areas

### Activity

- Pathway review to better target women with health and /or social needs, identify and take steps to eradicate areas of duplication and identify opportunities for wider participation from other sectors of health and social care

### Workforce

- Review workforce skills and competencies at all levels, maximizing opportunities for optimal skill mix and greater expansion of support worker roles

### Effectiveness

- Review current activity against NICE recommendations for antenatal contacts and take steps to eradicate avoidable admissions
- Explore IT solutions to improve efficient working and data management
- Make better use of tariff to reward improvements in efficiency and reduce avoidable interventions, including caesarean sections
- Explore the best ways to provide women and families with antenatal education information

## PLB Products/Outputs

Series of publications throughout 2010/11 on the areas set out above. Particularly focused on:

- Improving efficiency through changes to skill mix and productivity (September 2010)
- Reducing avoidable in patient activity (December 2010)
- Targeted pathway improvements (March 2010)
- Improvements to IM&T systems which will free up clinical time

## Better for Less Opportunities

- Long-acting reversible contraception
- Workforce skill mix review to ensure that the workforce is most appropriate
- Improve electronic recording and sharing of data
- Develop a pathway of care to reduce caesarean section rates, and avoidable in-patient stays, duplication e.g. triage etc
- Improve prioritisation for early direct access to midwives
- Develop quality indicators and a maternity dashboard for clinical standards aimed at driving efficiency and productivity improvements

(Produced in line with monthly QIPP pack schedule)

## Senior Clinical Lead Objectives

Sean Duffy and Dotty Watkins

- To lead on priority areas identified in the maternity work plan
- To collate and integrate clinical indicator outputs from the NPSA, CEMACE, CQUINS and the PHO in order to assemble a guide on safety, efficiency and sustainability of each provider unit within the SHA. We will also incorporate a risk profile of the provider units
- From the above to undertake a peer review of the relative strengths of each unit, identifying where support may be required in order to ensure safe and effective services for the future
- Undertake pathway development with clinical engagement to inform and steer the effectiveness of the current delivery model for maternity care
- Ensure the monitoring of inter-organisational neonatal transfer including an audit of reasons for transfer and the refusal for transfer

## HA Regional Review

- Systematic monitoring of in-utero and ex-utero transfers (December 2009)
- Review of overall neonatal services prompted by National Neonatal Task Group Toolkit. Principles to be included in commissioning intentions and service specifications by April 2010

## Current PLB Metrics

- Breastfeeding Initiation
- Smoking at time of delivery
- Staffing ratios - Births: Midwives / Obstetricians
- Low birth weight babies
- Access to maternity services

## Other ad-hoc analyses

HES data analysis to identify areas of duplication and productivity improvements in Y&H against the backdrop of the NICE maternity pathway

## Progress since publication of HA

Good progress on key strands of regional work:

- Progress on Maternity Matters - full implementation of Maternity Matters including the four choice and access guarantees
- Breastfeeding rates improving significantly especially in spearhead PCTs
- Neonatal transfers service and monitoring arrangements  
(Progress report published Dec 2009)

For more information on the work of the Maternity & Newborn pathway please contact

Jean Hawkins

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# 4.7 Children

## PLB Key Work Areas

### Long Term Conditions

#### Asthma

- Improve outcomes for children with asthma with a clear aim to reduce avoidable admissions to hospital, use of A&E and days lost from school

#### Diabetes

- Improve disease management and the overall health and wellbeing of children and young people with diabetes so they may lead full and active lives, free of complications of this disease

#### Primary Health Care for Children

- Contribute to the overall improvements in outcomes for children in primary care
- Raise the overall quality of general practice health care for children
- Work with PCTs and clinicians to eliminate unacceptable variation in practice and outcomes for children

#### Prevention and Early Identification

- Develop universal tools to identify children most at risk of poorer health and wellbeing. Identify interventions

## PLB Products/Outputs

### Long Term Conditions

#### Asthma

- Develop a Local Enhanced Service (LES) for the clinical management of children with asthma in primary care by March 2010
- Undertake a pilot in two cluster sites of primary care practices of LES between July and March 2011
- Monitor outcomes and share learning from pilot sites April 2011
- Scope provision and use of guidance in schools by May 2010
- Develop/ co-produce/ commission support materials in response to identified gaps
- Disseminate materials/ promote existing materials
- Scope existing clinical guidance for asthma management and disseminate to primary care
- Steer the development of a pilot for Getting Sorted- peer support program for children and young people with asthma during July - March 2011
- Undertake regional benchmarking on admission rates for childhood asthma by primary care practice, taking account of population, reason for admission and number of repeat admissions by July 2011
- Develop a QIPP resource pack on asthma management September 2010

## PLB Products /Outputs (cont.)

### Diabetes

- Establish a clinical reference group to lead the development of pathway for diabetes by March 2010
- Implement the commissioning framework for childhood diabetes September 2010
- Develop a single Yorkshire & Humber register of children with diabetes. Identify progress against baseline, understand differences and variations and influence improvements in clinical quality
- Develop and test a method of peer review of clinical quality for childhood diabetes during 2010-2011

## PLB Outputs

### Primary Care

- Develop a set of rigorous quality metrics that demonstrate safety and effectiveness of primary care and management of long-term conditions by March 2011. These will inform primary care contracting, re-validation and appraisal
- Develop and test a framework for peer review of primary health care for children utilising existing data sources such as GP access survey, hospital episode data and primary care prescribing data
- Develop a systematic process for learning from the review of cases where there has been a significant serious diagnosis in a child or young person by March 2011

## PLB Better for Less Opportunities

- Reduction in overall number of admissions of children to hospital
- Reduction of avoidable use of A&E as a source of primary care for children
- Cost of medicines for children
- Reduction in long-term complications for children with diabetes

## Senior Clinical Lead Objectives

### Ian Lewis & Eric Kelly

- Improve the quality of asthma management at all levels of the pathway to enable children with asthma to thrive, attend school and prevent unnecessary hospital admissions
- Develop a strategic and standardised approach to the clinical quality of diabetes management for children and young people in this region
- Reduce the variability of clinical practice in primary and community care for children and families through:
  - Prevention and early identification of health and wellbeing issues for children, including safeguarding

## HA Regional Reviews

### Paediatric surgery/ critical care

To examine the impact of workforce challenges on the shape and distribution of services

### Tier 4 CAMHS (Led by SCG)

- Support SCG led paediatric review work underway in South Yorkshire and collaborative commissioning in the West and North (pending)
- SCG led work in progress to develop common service specification and standardise commissioning arrangements (Underway)
- Work includes benchmarking activity and costs for current services

## Current PLB Metrics

- Admissions from an asthma-related episode as a rate per 100,000 population aged 0-14 years.
- All A&E attendances as a rate per 100,000 population aged 0-18 years.
- Total number of out-of-hours A&E attendances by children aged 0-18 years.
- Proportion of children on the diabetic register with the latest HbA1c at 7.00% or less.

## Other ad-hoc analyses

### None

## Progress since publication of HA

### Long Term Conditions

#### Asthma

- Successful asthma summit held in April 2009
- Regional benchmarking on education and training and admission thresholds

#### Diabetes

- Yorkshire and Humber Children and Young People Diabetes Network established in May 2009 – pathway and standards now in place

For more information on the work of the Children's pathway please contact

Jean Hawkins  
[jean.hawkins@yorksandhumber.nhs.uk](mailto:jean.hawkins@yorksandhumber.nhs.uk)

# 4.8 Mental Health

## PLB Key Work Areas

- All Health and Social Care Commissioners to participate in a peer review of mental health commissioning against milestones in mental health pathway (Peer reviews complete by May 2010, best practice guidance available July 2010)
- Ensuring localities are improving early access with an emphasis on
  - Improving Access to Psychological Therapies
  - Early Intervention in Psychosis
- National Dementia Strategy all localities to have a development plan to include key areas of improvement following findings of peer review (Progress monitored via peer review July 2010)
- Personalisation in mental health bringing together the Care packages and pathways Project (CPP) approach and personalisation (Framework document available April 2010)
- Establish Clinical Innovation and Improvement Network (Network launch April 2010)

## PLB Key Work Areas (cont.)

- New Horizons to ensure cross government programme on Adult MH in Yorkshire and the Humber is embedded within mental health pathway (Steering Group established to report Pathway leadership board May 2010)
- Reducing Health Inequalities: housing and employment (joint fund established with GOYH for localities to bid against to increase employment & housing opportunities) (PSA 16 delivery board established February 2010, funds allocated to localities March 2010, evaluation and action learning sets commence May 2010)

## PLB Products/Outputs

- Regional report published on dementia review (March 2010)
- Regional report published on peer review of health and social care commissioning (June 2010)
- Publications as described in key work areas

## PLB Better for Less Opportunities

- Develop a QIPP Framework for mental health to inform commissioners and providers produce a regional resource of evidence based approaches detailing cost savings and benefits (Draft report May 2010)  
(produced in line with monthly QIPP pack schedule)

## Senior Clinical Lead Objectives

Wendy Burn/ Nick Morris

- Contribute to further development of the pathway
- Network with other groups and input as necessary into their planning
- Contribute to Older People's Dementia Strategy Group leading on an audit in acute wards for people who have been diagnosed with Dementia April 2010
- Review metrics with consultants across the SHA. Support clinicians with change suggested as a result of reviews
- Engage clinicians in Yorkshire & Humber and support them in implementing change to clinical services that allows objectives to be met

## HA Regional Review

- Dementia regional review
- Health and social care commissioning mental health peer review

## Current PLB Metrics

- Number and percentage of service users of all ages referred to a non-urgent pathway who receive an assessment by a qualified practitioner within 14 days of referral
- Assessment within 4 hours for people entering the Urgent Care pathway requiring urgent assessment of need for home treatment or inpatient care

## Other ad-hoc analyses

- Length of stay
- Re-admission rate
- Gate keeping
- Seven day follow-up

IAPT metrics:

- Number of referrals per prevalence of population
- Percentage of referrals entering treatment
  - Percentage of those moving to recovery
  - Percentage of those moving away from sick pay and benefits

## Progress since publication of HA

- Established health and social care commissioning forum (Completed 2008)
- IAPT delivery in all PCT localities (May 2010)
- Peer review of health and social care commissioning (May 2010)
- Care Packages and Pathways programme extended to all localities and linking with the social care personalisation agenda (July 2010)
- Regional review of progress post National Service Framework Mental Health (Completed Sept 2009)
- Review of dementia in acute hospital setting (May 2010)

For more information on the work of the Mental Health pathway please contact

**Heather Raistrick**  
heather.raistrick@yorksandhumber.nhs.uk

# 4.9 End of Life Care

## PLB Key Work Areas

### Clinical Pathway

- Design a regional DNA CPR form for use across the SHA for sharing information, including with the ambulance service and out of hours service, on patients who are not for cardiopulmonary resuscitation (DNA CPR) (May 2010)
- Pilot the implementation of the form and roll out (Spring 2011)

### Social Marketing Project

- To look at the issues surrounding difficulties in discussing end of life care (Completed Dec 2009)
- Support the project work including; market analysis, information review, social marketing, and development of recommendations (Autumn 2010)

### Ambulance Transport in EoLC

- Develop recommendations for ambulance transport for patients in the last few days of life (Sept 2010)

### Education and Workforce Planning

- Establish an education steering group to determine the current training provision for EoLC in the region and to make recommendations on the use of relevant MPET funding (Completed February 2010)
- Proposals for improving EoLC training for Care Home staff (Dec 2011)

## PLB Key Work Areas (cont.)

### IM&T

- Develop use of SystemOne to flag EoLC patients with long term conditions and patients preferences for place of care (Summer 2011)
- Work to support the DH funded EoLC register pilot in Leeds (Spring 2011)

### Healthy Ambitions Pathways

- Developing work streams with other Pathway Leadership Boards (Mental Health - Dementia and Long Term Conditions) to provide recommendations for coordination of care (Spring 2011)

### Bereavement Services

- Develop service recommendations and a quality measure for bereavement services (December 2010)

### Palliative Care Pathway for end stage renal failure

- Work with the Renal Network to develop a pathway for patients with end stage renal failure who choose not to dialyse (Spring 2011)

## PLB Products/Outputs

- Development and implementation of the regional DNA CPR form. Recommendations for full adoption and roll out across whole of Y&H. (Recommendations for full roll out by Spring 2011)
- Development of quality measures for EoLC for use across the SHA utilising and adapting the national quality markers (Completed March 2010)
- EoLC transport model (September 2010)
- Social marketing project outputs:
  - market analysis/tariff options (May 2010)
  - insight from research work (Autumn 2010)
- Service recommendation for bereavement services and support quality measures (December 2010)
- Cost effective education and training model on EoLC for care homes (Autumn 2012)
- New potential care pathway involving renal patients (and EoLC) (Summer 2011)

## PLB Better for Less Opportunities

- DNR CPR Joint form
- Ambulance transport in the last few days of life
- Training and education for care homes
- Integrated care, including single point of access (coordination of care)
- Introduction of the Gold Standards Framework or equivalent in primary care and care homes
- Renal palliative care pathway
- Using IT systems to improve care planning (Registers and flags for LTC) (Produced in line with monthly QIPP pack schedule)

## Senior Clinical Lead Objectives

### June Toovey/ Fiona Hicks

- To champion and provide leadership for the implementation of the Healthy Ambitions - EoLC recommendations
- To lead the social marketing work stream for EoLC being undertaken by the PCT collaborative
- To champion the development of sustainable EoLC education and training across the SHA, making recommendations for spending the EoLC MPET funding
- To lead the development of a quality metrics and quality measures for use in EoLC
- To support the development of information and data for EoLC

## Current PLB Metrics

- Percentage of patients who die at home or in a care home
- % Patients who die on the Liverpool Care Pathway or equivalent
  - The number of appropriate\* wards in Acute Trusts that use the LCP (or equivalent) \*appropriate is defined as wards with 5 or more adult deaths per year
  - The percentage of adult deaths per Acute Trust who died being cared for according to the LCP or equivalent.
- % of GP practices using the Gold standards framework
- % patients who die having been on an end of life care register
- Access to nurses medication and equipment
  - Is access to district nursing available on a 24/7 basis
  - Is access to end of life care drugs\* available on a 24/7 basis in all settings
  - Is access to equipment available within 48hrs of it being requested in all community setting

## Progress since publication of HA

- Sharing Good Practice Events
  - First event in January 2009
  - A second sharing good practice event was held in Jan 2010 with 180 attendees from health, social care and independent sector. This included the regional launch of the e-learning program for EoLC. Evidence of good practice obtained from the attendees at the event is to be synthesised and shared regionally/ nationally (Completed February 2010)
- Education and Training Proposal (Spring 2011)
  - Proposal developed and agreed for improving EoLC training for Nursing Home staff to prevent unnecessary admission to hospital at the end of life

## Progress since publication of HA (cont.)

- Transport (Summer 2011)
  - Transportation of patients at the end of life. Working with YAS to develop a service model
- Social Marketing (Completed March 2010)
  - Social Marketing program is progressing and funding agreed. The focus has been narrowed to look at specific patient groups, Cancer, frail and elderly and patients with cardiovascular disease.
- Workshops
  - A number of workshops have been held for PCT Commissioners to look at improving quality in the commissioning of EoLC.
  - An education leads workshop was held to look at developing regional priorities in EoLC training.
- DNACPR
  - Formation of regional DNA CPR form for sharing information, including with the ambulance service and out of hours service, for patients who are not for cardiopulmonary resuscitation (DNACPR).
- Information to support the work stream
  - Quarterly information available for the EoLC PLB

For more information on the work of the end of life pathway please contact

**Cath Wardle**  
cath.wardle@yorksandhumber.nhs.uk

# 4.10 Learning Disabilities

## PLB Key Work Areas

- Improving access to acute, primary and secondary care for people with learning disabilities with examples of adjustments made
- Develop a regional model of what a specialist LD service should look like to enable localities to benchmark their services against the agreed regional standards
- All localities to demonstrate continuous improvement through the annual health assessment and performance framework
- Develop standards, materials and training packages in collaboration with people with learning disabilities that enable checking of health services and identification of improvements that would reduce health inequalities

## PLB Products/Outputs

- Ensuring all relevant primary care stakeholders are participating in DES training which leads to changes in practice (To be completed by March 2011)
- Regional model of delivery for all specialist LD services. (March 2011)
- Each locality will complete the performance and self assessment, which will support the delivery of Healthy Ambitions (April 2010)
- First regional standards that enable users to check and support improvements in health services (March 2011)
- Good practice and innovation to be shared both regionally and nationally via the Good Practice Guide and events, e.g. Big Health Days (November 2010)
- Each locality to have a validated health assessment framework
- Regional overview on progress year on year of Health Assessment Framework 2009/10 (Year One: March 2011)

## PLB Better for Less Opportunities

- Good take up of the DES across the Region
- Annual Health Checks and collecting data about people's health. Demonstrate improved experience and outcomes for people with LD (Produced in line with monthly QIPP pack schedule)

## Senior Clinical Lead Objectives

- Liz Carmody & David Harling
- Edit and refine the learning disability Healthy Ambitions chapter
  - Raise the profile of the learning disability pathway across the region
  - Ensure Valuing People objectives are integrated with the learning disability pathway work
  - Influence and inform other Pathway Delivery Boards (especially primary care)
  - Appropriate involvement in health networks
  - Engaging in other clinical practice dissemination work as it arises

## HA Regional Review

None currently

## Current PLB Metrics

Metrics will be developed and published Summer 2010

## Other ad-hoc analyses

To be confirmed

## Work to Date

- Validation of Health Assessment Framework 2008/9 (Completed August 2009)
- Yorkshire and Humber Big Health Event November 2009
- Yorkshire and Humber Good Practice Guide published September 2009

For more information on the work of the Learning Disabilities pathway please contact

**Heather Raistrick**  
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## 5.0 Feedback

We hope you have found this document useful. If you have any questions or suggestions, we would be happy to receive them. Please contact:

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# Appendix One Group Membership



# CE Forum Membership

<b>Chair</b> <b>Bill McCarthy</b>	CE Forum Membership
Chief Executive NHS Yorkshire & Humber	<b>Ailsa Claire</b> Chief Executive, NHS Barnsley
	<b>Simon Morrill</b> Chief Executive, NHS Bradford & Airedale
	<b>Rob Webster</b> Chief Executive, NHS Calderdale
	<b>Annette Laban</b> Chief Executive, NHS Doncaster
	<b>Ivan Ellul</b> Chief Executive, NHS East Riding of Yorkshire
	<b>Chris Long</b> Chief Executive, NHS Hull
	<b>Michael Potts</b> Chief Executive, NHS Kirklees
	<b>John Lawlor</b> Chief Executive, NHS Leeds
	<b>Jane Lewington</b> Chief Executive, North East Lincolnshire Care Trust Plus
	<b>Allison Cooke</b> Chief Executive NHS North Lincolnshire
	<b>Jayne Brown</b> Chief Executive, NHS North Yorkshire & York
	<b>Andy Buck</b> Chief Executive, NHS Rotherham
	<b>Jan Sobieraj</b> Chief Executive, NHS Sheffield
	<b>Alan Wittrick</b> Chief Executive, NHS Wakefield District

<b>Adam Cairns</b> Chief Executive, Airedale NHS Trust
<b>Stephen Greep</b> Chief Executive, Hull & East Yorkshire Hospitals NHS Trust
<b>Maggie Boyle</b> Chief Executive, Leeds Teaching Hospitals NHS Trust
<b>Julia Squire</b> Chief Executive, Mid Yorkshire Hospitals NHS Trust
<b>Richard Sunley</b> Chief Executive, Scarborough & North East Yorkshire Healthcare NHS Trust
<b>Sandra Taylor</b> Chief Executive, Barnsley Hospital NHS FT
<b>Miles Scott</b> Chief Executive, Bradford Teaching Hospitals, NHS FT
<b>Diane Whittingham</b> Chief Executive, Calderdale & Huddersfield NHS FT
<b>Nigel Clifton</b> Chief Executive, Doncaster & Bassetlaw Hospitals NHS FT
<b>Richard Ord</b> Chief Executive, Harrogate District NHS FT
<b>David Snowdon</b> Chief Executive, Humber NHS FT
<b>Chris Butler</b> Chief Executive, Leeds Partnerships NHS FT

<b>Andrew North</b> Chief Executive, Northern Lincolnshire & Goole Hospitals NHS FT
<b>Chris Boswell</b> Chief Executive, Rotherham, Doncaster & South Humber MH NHS FT
<b>Brian James</b> Chief Executive, Rotherham General Hospitals NHS FT
<b>Chris Sharratt</b> Chief Executive, Sheffield Children's NHS FT
<b>Kevan Taylor</b> Chief Executive, Sheffield Health & Social Care NHS FT
<b>Andrew Cash</b> Chief Executive, Sheffield Teaching Hospitals NHS FT
<b>Steven Michael</b> Chief Executive, South West Yorkshire Partnership NHS FT
<b>Patrick Crowley</b> Chief Executive, York Hospitals NHS FT
<b>Simon Large</b> Chief Executive, Bradford District Care Trust
<b>Martyn Pritchard</b> Chief Executive, Yorkshire Ambulance Service NHS Trust

# Long Term Conditions Pathway Leadership Board

<b>Lead Chief Executive</b> <b>Ivan Ellul</b>
Chief Executive NHS East Riding of Yorkshire
<b>Senior Clinical Lead</b> <b>Richard Jenkins</b>
Consultant Physician Mid Yorkshire Hospitals NHS Trust
<b>Senior Clinical Lead</b> <b>Eileen Burns</b>
Geriatrician Leeds Teaching Hospitals NHS Trust
<b>SHA Lead Manager</b> <b>Paul Rice</b>
Associate Director NHS Yorkshire & the Humber,

<b>SHA Lead Analyst</b> <b>Mark Brindle</b>
Performance & Delivery Team, NHS Yorkshire & the Humber,
<b>SHA Workforce Lead</b> <b>Noreen Thorp</b>
Education Commissioning Manager, NHS Yorkshire & the Humber,
<b>PHO SMT Lead</b> <b>Lorraine Oldridge</b>
Assistant Director, Yorkshire & Humber Public Health Observatory,
<b>PHO Lead Analyst</b> <b>Naomi Holman</b>
Public Health Information Specialist, Yorkshire & Humber Public Health Observatory

<b>LTC PLB Membership</b> <b>Dr Richard Pope,</b>
SHA CfH Clinical Lead (Diabetes), Airedale NHS Trust
<b>Dr Shahid Ali</b>
SHA CfH Clinical Lead (General Practice), NHS Bradford & Airedale
<b>Ian Walker</b>
Non-Executive Director, NHS Yorkshire & the Humber
<b>Amanda Fisher</b>
Education Commissioning Manager, NHS Yorkshire & the Humber
<b>Lynne Barr</b>
Regional Lead Yorkshire & Humber Long Term Conditions
<b>Sandie Keene</b>
Director of Adult Services, Leeds City Council
<b>Julia Coletta</b>
NPfIT Programme Lead - Long Term Conditions, NHS Yorkshire & the Humber
<b>Dr Vicky Pleydell</b>
GP, NHS North Yorkshire & York
<b>Liz Kane</b>
SHA Performance & Delivery Team, NHS Yorkshire & the Humber
<b>Prof John Young</b>
Elderly Care Medicine, Leeds University

# Maternity & Newborn Care Pathway Leadership Board

**Lead Chief Executive**  
**Andy Buck**

Chief Executive,  
NHS Rotherham,

**Senior Clinical Lead**  
**Dotty Watkins**

Head of Midwifery,  
Sheffield Teaching  
Hospitals NHS FT

**Senior Clinical Lead**  
**Sean Duffy**

Medical Director,  
Yorkshire Cancer Network

**SHA Lead Manager**  
**Jean Hawkins**

Children's & Families  
Services Manager,  
NHS Yorkshire &  
the Humber

**SHA Lead Analyst**  
**Andy Tookey**

Performance  
& Delivery Team,  
NHS Yorkshire  
& the Humber

**PHO SMT Lead**  
**Helen Duncan**

ChiMat  
Programme Director,  
Yorkshire & Humber Public  
Health Observatory

**PHO Lead Analyst**  
**Stephen Chaplin**

ChiMat  
Information Analyst,  
Yorkshire & Humber Public  
Health Observatory

**SHA Workforce Lead**  
**Jenny Stevenson**

Workforce  
Planning Manager,  
NHS Yorkshire &  
the Humber

Maternity & Newborn Care  
PLB Membership

**Rebecca Atchison**

Regional Infant  
Feeding Coordinator  
Department of Health

**Jane Mischenko,**

Commissioner  
NHS Leeds

**Margaret Jackson**

Head of Midwifery  
York Hospitals NHS FT

**Pat Hodgson**

Regional Lead  
for Smoking Cessation,  
Department of Health

**Carol Paeglis**

Local Supervising Authority  
Midwifery Officer, NHS  
Yorkshire & the Humber

**Chris White**

Connecting for Health  
Maternity Lead, NHS  
Yorkshire & the Humber

**Mary Renfrew**

Prof. Maternal &  
Infant Research,  
York University

# Children's Pathway Leadership Board

**Lead Chief Executive**  
**Chris Long**

Chief Executive,  
NHS Hull

**Senior Clinical Lead**  
**Eric Kelly**

GP, NHS Doncaster

**Senior Clinical Lead**  
**Ian Lewis**

Consultant  
Paediatric Oncologist

**SHA Lead Manager**  
**Jean Hawkins**

Children's & Families  
Services Manager,  
NHS Yorkshire  
& the Humber

**SHA Lead Analyst**  
**Andrew Tookey**

Performance  
& Delivery Team,  
NHS Yorkshire  
& the Humber

**Workforce Lead**  
**Dr Mark Purvis**

Director of Postgraduate  
General Practice Education,  
Yorkshire & the Humber  
Postgraduate Deanery

**PHO SMT Lead**  
**Helen Duncan**

ChiMat Programme Director,  
Yorkshire & Humber  
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**PHO Lead Analyst**  
**Stephen Chaplin**

ChiMat Information Analyst,  
Yorkshire & Humber Public  
Health Observatory

Children's PLB Membership

**Chris Rittey**

Consultant Paediatrician,  
Sheffield Children's Hospital

**Fiona Campbell**

Consultant Paediatrician,  
Leeds Teaching  
Hospitals NHS Trust

**Geraldine Sands**

Strategic Lead Safeguarding  
& Partnerships, NHS  
Yorkshire & the Humber

**Helen Parkin**

Associate Director  
Primary Care,  
NHS Yorkshire  
& the Humber

**Helen Smith**

Associate Director  
Workforce Strategy, NHS  
Yorkshire & the Humber

**Kath Henderson**

Director of Nursing,  
NHS Rotherham

**Lynda Smith**

Senior Lecturer,  
Sheffield Hallam University

**Mary Barraclough**

Consultant Paediatrician,  
Hull & East Yorkshire  
Hospitals NHS Trust

**Pauline Dumble**

Head of Health &  
Wellbeing for Children  
and Young People Services,  
Hull City Council

**Sarah Harkness**

Non Executive Director,  
NHS Yorkshire  
& the Humber

**Sonia Sharp**

Director of Children &  
Young People Services,  
Sheffield City Council

**Sue Bottomley**

Regional Lead for YHIP  
Children Programme

# Staying Healthy Pathway Leadership Board

**Lead Chief Executive**  
**Simon Morrirt**

Chief Executive,  
NHS Bradford

**Senior Clinical Lead**  
**Wendy Richardson**

Director of Public  
Health for Hull, NHS Hull

**Senior Clinical Lead**  
**Greg Reynolds**

Consultant Cardiologist,  
Leeds Teaching  
Hospitals NHS Trust

**SHA Lead Manager**  
**Carol Massey**

Associate Director  
of Public Health,  
NHS Yorkshire  
& the Humber

**SHA Lead Analyst**  
**Forrest Frankovitch**

Performance  
& Delivery Team,  
NHS Yorkshire  
& the Humber

**SHA Workforce Lead**  
**Karen Payne**

PH Leadership & Workforce  
Development Manager,  
NHS Yorkshire  
& the Humber

**PHO SMT Lead**  
**Brian Ferguson**

Director, Yorkshire  
& Humber Public  
Health Observatory

**PHO Lead Analyst**  
**Scott Anderson**

Public Health Information  
Specialist, Yorkshire &  
Humber Public  
Health Observatory

Staying Healthy PLB  
Membership

**Andrew Furber**

Director of Public Health,  
NHS Wakefield District

**Anita Sims**

Director of Public Health,  
NHS Bradford & Airedale

**Graham Wardman**

Director of Public Health,  
NHS Calderdale

**Ian Cameron**

Director of Public Health,  
NHS Leeds

**Jeremy Wight**

Director of Public Health,  
NHS Sheffield

**Elisabeth Shassere**

Director of Public Health,  
NHS Barnsley

**John Radford**

Director of Public Health,  
NHS Rotherham

**Judith Hooper**

Director of Public Health,  
NHS Kirklees

**Rachel Johns**

Acting Director of Public  
Health, NHS North  
Yorkshire & York

**Tim Allison**

Director of Public Health,  
NHS East Riding

**Tony Baxter**

Director of Public Health,  
NHS Doncaster

**Tony Hill**

Director of Public Health,  
North East Lincolnshire  
Care Trust Plus

# Acute Episode Pathway Leadership Board

**Lead Chief Executive**  
**Annette Laban**

Chief Executive,  
NHS Doncaster

**Senior Clinical Lead**  
**David Dawson**

Director,  
Dearden Consulting

**Senior Clinical Lead**  
**Peter Campbell**

Consultant  
Orthopaedic Surgeon,  
York Hospitals NHS FT

**Senior Clinical Lead**  
**Kevin Reynard**

Consultant  
in Emergency Medicine,  
Leeds Teaching  
Hospitals NHS Trust

**SHA Lead Manager**  
**Tim Barton**

Strategy Lead,  
NHS Yorkshire  
& the Humber

**SHA Lead Analyst**  
**Mark Brindle**

Performance  
& Delivery Team,  
NHS Yorkshire  
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**PHO SMT Lead**  
**Jake Abbas**

Deputy Director/  
Project Lead,  
Yorkshire & Humber Public  
Health Observatory

**PHO Lead Analyst**  
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Public Health  
Information Specialist,  
Yorkshire & Humber Public  
Health Observatory

Acute Episode PLB  
Membership

**Janet Dean**

Non Executive Director,  
NHS Yorkshire & the  
Humber

**Lis Rodgers**

GP, NHS Doncaster

**Stuart Ide**

Associate Director  
for Strategic Development  
& Commissioning,  
NHS Bradford

**Alison Walker**

Medical Director,  
Yorkshire  
Ambulance Service

**Simon Stockill**

GP, NHS Leeds

**Francis Morris**

Clinical Director,  
Sheffield Teaching  
Hospitals NHS FT

**Richard Jenkins**

Consultant Physician,  
Mid Yorkshire Hospitals  
NHS Trust

**Dinah Fuller**

Nurse Consultant,  
NHS East Riding of Yorkshire

**David Hicks**

Medical Director,  
NHS Barnsley

**Heather McClelland**

Nurse Consultant in EC,  
Calderdale &  
Huddersfield NHS FT

**Christopher Rowland-Hill**

Radiologist, Hull &  
East Yorkshire Hospitals  
NHS Trust

**Stuart Baugh**

Physician (medicine),  
North Lincolnshire &  
Goole Hospitals NHS FT

**Nick Phillips**

Neurosurgeon, Leeds  
Teaching Hospitals  
NHS Trust

**Mark Andrews**

Medical Director,  
Scarborough & North  
East Yorkshire Healthcare  
NHS Trust

**Tony Hunter**

Chief Executive, North  
East Lincolnshire Council

**Alan Baker**

Deputy Chief Info. Officer,  
National Programme for IT,  
NHS Yorkshire &  
the Humber

# Mental Health Pathway Leadership Board

**Lead Chief Executive**  
**Ailsa Claire**

Chief Executive,  
NHS Barnsley,

**Senior Clinical Lead**  
**Wendy Burn**

Consultant Psychiatrist,  
Leeds Partnerships NHS FT

**Senior Clinical Lead**  
**Nick Morris**

Director of Strategy &  
Nursing, Bradford  
District Care Trust

**SHA Lead Manager**  
**Heather Raistrick**

Adult Services Manager,  
NHS Yorkshire  
& the Humber

**SHA Lead Analyst**  
**Charlotte Wood**

Performance  
& Delivery Team,  
NHS Yorkshire  
& the Humber

**PHO SMT Lead**  
**Sue Baughan**

Assistant Director,  
Yorkshire & Humber  
Public Health Observatory

Mental Health PLB  
Membership

**Jonathan Phillips**

Associate Director  
Adult Services,  
Calderdale Council

**Peter Flanagan**

Assistant Director,  
Yorkshire & Humber  
Improvement Partnership

**Clare Hyde**

Mental Health Programme  
Lead, Yorkshire & Humber  
Improvement Partnership

**Rupert Suckling**

Deputy Director of Public  
Health, NHS Doncaster

**Linda Westlake**

Health Intelligence  
Specialist, Yorkshire  
& Humber Public  
Health Observatory

**John Pattinson**

Regional Programme Lead,  
Yorkshire & Humber  
PCT Collaborative

**Simon Large**

Chief Executive, Bradford  
District Care Trust

**Steven Michael**

Chief Executive,  
South West Yorkshire  
Partnership NHS FT

**Jayne Brown**

Chief Executive,  
NHS North Yorkshire & York

**Amanda Forrest**

Director,  
Yorkshire & Humber  
PCT Collaborative

**Kate Holliday**

Programme  
Support Manager,  
NHS Yorkshire  
& the Humber

# Learning Disabilities Pathway Leadership Board

**Lead Chief Executive**  
**Rob Webster**

Chief Executive,  
NHS Calderdale

**Senior Clinical Lead**  
**Liz Carmody**

Consultant Psychiatrist,  
Leeds Partnership NHS FT

**Senior Clinical Lead**  
**David Harling**

Nurse Consultant,  
Humber MH NHS FT

**SHA Lead Manager**  
**Heather Raistrick**

Adult Services Manager,  
NHS Yorkshire & the Humber

**SHA Lead Analyst**  
**Charlotte Wood**

Performance & Delivery Team,  
NHS Yorkshire & the Humber

Learning Disabilities PLB  
Membership

**Rupert Suckling**

Deputy Director  
of Public Health,  
NHS Doncaster

**Moira Wilson**

Director of Adult Services,  
Bradford Metropolitan  
District Council

**Linda Westlake**

Health Intelligence  
Specialist, Yorkshire  
& Humber Public  
Health Observatory

**Jenny Anderton**

Regional Valuing People  
Programme Lead,  
Valuing People Now

**Sue Baughan**

Assistant Director,  
Yorkshire & Humber  
Public Health Observatory

**Philip Lewer**

Group Director,  
Yorkshire & Humber  
Government Office

**David Snowdon**

Chief Executive,  
Humber MH NHS FT

**Kate Holliday**

Programme  
Support Manager,  
NHS Yorkshire  
& the Humber

**Angela Ellis**

Skills Borker,  
Inclusion North

# End of Life Care Pathway Leadership Board

**Lead Chief Executive**  
**Alan Wittrick**

Chief Executive,  
NHS Wakefield

**Senior Clinical Lead**  
**June Toovey**

Nurse Director,  
Yorkshire Cancer Network

**Senior Clinical Lead**  
**Fiona Hicks**

Palliative Medicine  
Consultant, Leeds Teaching  
Hospitals NHS Trust

**SHA Lead Manager**  
**Cath Wardle**

Governance & Analysis  
Programme Manager,  
NHS Yorkshire  
& the Humber

**SHA Lead Analyst**  
**Charlotte Wood**

Performance & Delivery Team,  
NHS Yorkshire  
& the Humber

**PHO SMT Lead**  
**Dr Colin Pollock**

Medical Director,  
Yorkshire & Humber Public  
Health Observatory

**PHO Lead Analyst**  
**Sarah Cuthbertson**

Senior Information Analyst,  
Yorkshire & Humber  
Public Health Observatory

End of Life PLB Membership

**Keith Ramsey**

Non Executive Director,  
NHS Yorkshire  
& the Humber

**Charlotte Rock**

Chair, Yorkshire  
Cancer Network,  
Sub regional EoLC Group

**Anna Wolkowski**

Chair, Humber & Yorkshire  
Coast Cancer Network  
Sub regional EoLC Group

**Kevin Bolster**

Chair, North Trent Cancer  
Network Sub Regional  
EoLC Group

**Rosy Pope**

Head of Adult Services,  
East Riding of Yorkshire

**Karl Milner**

Director of Communications,  
NHS Yorkshire  
& the Humber

**Sharon Oliver**

Associate Director,  
Education Commissioning,  
NHS Yorkshire  
& the Humber

# Primary Care Leadership Board

**Lead Chief Executive**  
**Rob Webster**

Chief Executive  
NHS Calderdale

Senior Clinical Lead

**Georgina Haslam**

Clinical Executive Director,  
NHS Bradford

Senior Clinical Lead

**Eithne Cummins**

GP, NHS Sheffield

**SHA Lead Manager**  
**Helen Parkin**

Associate Director Primary  
Care, NHS Yorkshire  
& the Humber

**SHA Lead Analyst**  
**Ian Holmes**

Associate Director  
Economics & System  
Management,  
NHS Yorkshire  
& the Humber

**Workforce Lead**  
**Dr Mark Purvis**

Director of Postgraduate  
General Practice Education,  
Yorkshire and the Humber  
Postgraduate Deanery

**PHO SMT Lead**  
**Lorraine Oldridge**

Assistant Director,  
Yorkshire & Humber Public  
Health Observatory

**PHO Lead Analyst**  
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Specialist, Yorkshire  
& Humber Public  
Health Observatory

Primary Care PLB  
Membership

**Damian Riley**

GP / Director  
of Primary Care,  
NHS Leeds

**Julie Bolus**

Nurse / Executive  
Director Quality &  
Clinical Assurance  
NHS Doncaster

**Robin Carlisle**

Director of Intelligence  
& Performance / Consultant  
in Public Health,  
NHS Rotherham

**Phillip Earnshaw**

GP, NHS Wakefield District

**Robbie Turner**

Chief Executive  
Office of West Yorks LPCs

**Dawn Roberts**

Optometrist /  
Clinical Director,  
Healthcall Optical  
& Hearing Services

**Jenny Godson**

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*Yorkshire and the Humber*

