



**HEALTHY
FUTURES**

Better health for all across
the West Yorkshire region

Healthy Futures Programme Highlight Report

Overall Programme Status

Amber

Version Control

DOCUMENTATION DETAILS

Project Name	Healthy Futures Programme (Formerly 10cc)
Date	17 March 2015
Author	Tony Maher, Programme Director

VERSION DETAILS

Version number	Revision date	Changes made by	Summary of changes	Approved by
V0.1	17.02.15	Tony Maher	Collation of Highlights since the last reporting period (Nov/Dec 2014)	
V1.0	17.03.2015	Tony Maher	Updates and further context from clinical leaders and SRO's	

Background

The Healthy Futures programme refers to a group of initiatives where the commissioners of West Yorkshire are working collaboratively to improve specific health services - the priority services being cancer, paediatrics, stroke and urgent/emergency care.

- A strategy for each of these services has been developed and the initiatives support the delivery of these strategies.
- The programme is a part of the remit of the West Yorkshire commissioning collaborative, known as the 10cc.
- 10cc is made up of the 10 Clinical Commissioning Groups (CCGs) of West Yorkshire plus Harrogate and Rural District CCG.

We are in the “Design and Delivery” phase of the programme. Programme support for this phase is contracted from Yorkshire & Humber Commissioning Support until the end of August 2015.

Progress to date

The scope of the Healthy Futures programme of work has been refined through the dedicated clinical leadership input and monthly programme board meetings since October 2014.

The Healthy Futures Programme Board has been established to oversee the delivery of the four areas detailed below. It does not have delegated or shared decision making authority beyond ensuring the delivery of its identified scope of work. It develops recommendations for items requiring CCG approval for consideration at 10CC and subsequent decision at the relevant CCGs governance meetings.

1. Cancer Services

The projects in-scope to be supported are:

- Improving access to diagnostics
- Early diagnosis

2. Paediatrics Project

The projects in-scope to be supported are:

- Strategic review of acute paediatric service provision
- Mental health and emotional well-being provision for Looked After Children (out of area)

3. Stroke Project

The projects in-scope to be supported are:

- Atrial Fibrillation project, aimed at increasing the take-up of anti-coagulants for known patients with AF to reduce the incidence of strokes; and
- Hyper-acute stroke services review, aimed at developing options that will deliver resilient hyper-acute services, improving outcomes for patients.

4. Urgent & Emergency Care (UEC)

The projects currently in-scope and being supported are:

- Improving 'specialist emergency care' provision across West Yorkshire
- Supporting the lead commissioner in developing options for the future provision of West Yorkshire out-of-hours urgent care

Communications & Engagement is a critical element of the programme. The stakeholders throughout the region are from a number of varied environments, including; patients and public, CCGs, NHS England, strategic clinical networks, Commissioning Support, FT's, Providers, Primary & Secondary Care clinicians, Local Authorities, etc. The Healthy Futures brand has been developed to support effective and sustained communication across this breadth of stakeholders.

Programme Director Comments

Positive momentum through the Leadership Teams has seen the RAG rating maintained at Amber. Good progress against plan has continued across the breadth of the programme.

Key risks remain around;

- Political sensitivity, particularly in the Urgent/Emergency Care programme and for specific Trusts involved in the Hyper-Acute Stroke Services Resilience Review.
- The complexity of joint decision making. The February 10CC meeting was dedicated to a development session examining the issue of developing joint leadership and decision making.
- Communications and Engagement. It is particularly important that the current design stage of the programme is given the full opportunity to reach and engage all appropriate stakeholders. This will ensure awareness and preparation within both provider and commissioner elements for the positive change to the regional health economy.
- Maintaining stability of senior management capability within the Programme Management Office. The Commissioning Support Strategic Review, following the merger of the Yorkshire & Humber Commissioning Support organisations, signalled the need for a further SLA discussions to define the basis for PMO continuity from April (2015/16 financial year). Director level SLA discussions are refining the way

forward to enable cost effective delivery support and governance to leadership groups.

Responsible Officers of each programme have prepared the following summaries

Cancer

Work on the cancer programme continues apace with the main focus being improving access to diagnostics project. Work has taken place to clarify the scope of the project based on performance, current pressures and engagement with Providers and Commissioners. The revised scope of the project was agreed at the December board as all activity (ie cancer and non-cancer) MRI, CT and ultrasound modalities.

The focus between September and Christmas was defining the scope and agreeing the approach to collation of capacity, activity and financial information, in addition to launching the project with the providers and commissioners.

This has enabled the work in 2015 to focus on the production of a comprehensive report detailing the capacity, activity, spend and challenges within these modalities. All providers have been extremely helpful with their time and data and have enabled the production of a rich and comprehensive picture.

This report supported the event held in February with Providers and Commissioners to agree the way forward. A small working group has been set up which will progress development of the content for discussion at a follow-up event.

Meetings have been held with Cancer Research Yorkshire and the Academic Health Science Network to discuss the project and potential opportunities for partnership working to ensure that the project is robustly evidenced and linked to the wider health economy.

The scale of ambition on this project may lead to timescales for delivery of the specification to move to ensure that the relevant time is given to engagement and development of the approach

Key messages have been developed and initial communication products developed to allow wider awareness raising.

Early diagnosis

It became clear very quickly to the leadership team that due to the focus individual CCGs have on the early diagnosis agenda there was real potential for overlap and duplication on this project. For this reason and to ensure that credibility of the programme is maintained a detailed mapping of all existing work in the area of early diagnosis has been completed and a rapid review report developed. The aim of the report was to ensure that a WY picture of all activity was presented enabling a decision to be made on the future of this project that ensured value was added to the system.

This report has been issued to commissioners and was discussed with the Leadership Team in January. A way forward to support WY sharing of best practice is in development and will be implemented in the coming months.

Further work is being scoped.

Paediatrics

Improving Access to Emotional and Well-Being Services for Looked after Children in Out of Area Placements (CAMHS for LAC OOA)

Further to the initial Paediatrics Programme scoping exercise which took place in the summer of 2014; meetings were held with all Commissioners with a responsibility for children's mental health (Commissioners of CAMHS services) to confirm the scope and commissioner drivers for the project and to ensure CCG engagement and buy-in.

The Project Initiation Document (PID), high level project plan and communication plan were signed off by the Leadership Team in November 2014. This information has been communicated to key stakeholders, including responsible Commissioners from each of the Healthy Futures CCGs

A baseline report has been delivered which outlines the number of looked after children, in both in and out of area placements, based on the Healthy Futures Local Authority boundaries using nationally available data.

A workshop was held on the 10 December 2014 in order to engage Commissioners, Providers and Local Authority colleagues in the project and to broaden understanding of the context of the project. The key outputs of the workshop were to map the service user journey in order to understand the issues encountered, both by Service Users and Commissioners, in accessing mental health provision. The workshop also facilitated an understanding of potential data sources for the project and of the commissioning and charging arrangements for the cohort.

A high level process map of the patient journey has been developed and fed back to key stakeholders. This work highlighted that some looked after children are being rejected from local CAMHS services due to local capacity issues or a lack of charging protocol in place between the CCG and the Provider whilst some CAMHS Providers operate a limited service only. In some cases, Commissioners have needed to use private provision for the cohort, which is often costly and rarely provides a multi-disciplinary approach with no outcome measurement in place. This approach is also time consuming for Commissioners.

A map showing the exact number of children in out of area placements according to CCG boundaries has now been developed and an understanding obtained about the key importers and exporters of looked after children. This information forms part of a dashboard and will be reported on a monthly basis from April 2015 onwards. This work has also facilitated the development of a Directory of Services showing the available service

options in CCG areas where there are a high number of children from the Healthy Futures conurbation.

Significant difficulties have been experienced in obtaining cost and demand information for the cohort due to current data collection methods and data governance issues and this has been highlighted to the Programme Board.

Commissioners do not keep a record for the cost of mental health services, and it is not available to ten out of the 11 CCGs. The cohort is not flagged in anyway and data relating to their looked after status is not recorded in a way which supports data collection. It was anticipated that the data would be used to support the development of the commissioning framework, service model proposals and financial and economic modelling. This work is progressing in the absence of this data; however it is felt that it cannot be approved without sight of the data. Appropriate permissions to access patient identifiable data about the cohort have now been received and an analysis of 'non-contract activity' is taking place. This work will identify both the retrospective cost of the cohort and also identify where Providers, both NHS and private, have been used out of area and charges in place for the provision.

The functionality of SystemOne to provide essential data on service demand and current need is currently being reviewed; initial indications show that the system is not sophisticated enough to provide the information without a manual audit taking place. Meetings held with Commissioners has reinforced the view that this information is essential to the development of service models and therefore the manual audit has been launched and is anticipated to complete during April 2015.

Despite the data collection issues; a number of service models have been developed and a formal option appraisal process was launched at a meeting in March 2015. This work cannot be finalised until the appropriate data has been sourced.

The next steps of the project are to complete the data collection exercise and finalise the options appraisal and financial and economic modelling work.

Strategic Review of Acute Paediatric Service Provision

A review of the national drivers for change in paediatrics has taken place. Programmes of work to improve paediatrics taking place across West Yorkshire have also been reviewed to understand areas of scope for the review. Paediatric service provision has been mapped to understand which services are provided at which hospital sites. All nationally available data has been reviewed to see whether any information was able to support the definition of the review. Meetings have been held with all Commissioners with a responsibility for children's services and a survey circulated to Providers of all Trusts to obtain initial views from clinical, medical and managerial staff. The survey identified that there are issues in workforce; capacity; bed pressures and transfers; finance and access and waiting.

This information was used to support a scoping session on the 8 December 2015 which was attended by senior medical, nursing and managerial staff from Provider Trusts. The outputs

of the meeting were confirmed as the key issues for acute paediatric service provision. Providers noted that workforce issues underpinned the other issues and this should therefore form the basis of the review. Providers suggested a full service review takes place that considers the capacity of the current workforce to deliver against the RCPCH Facing the Future Standards and the RCN Defining Staffing Levels guidance and to make recommendations in order to move towards this guidance. Capacity should be optimised through effective use of staffing resources. The review should facilitate the development of a model for a sustainable workforce.

The scope and approach for the review was agreed at a meeting of the 12 February 2015 which was attended by both Commissioners and Providers. A Project Initiation Document has been drafted and is scheduled for sign off during March 2015. Qualitative and quantitative data requirements for the review have been identified and data collection methods defined. Local and national programmes which may impact on the review have been reviewed and the project has put in place systems to report between these projects.

Meetings are currently being held with all General Managers of Acute Providers in order to ensure appropriate data collection. Information has been sought from CSU held SUS databases however, significant delays in obtaining this data has been experienced.

It is anticipated that all relevant data and information to support the review will be available by May 2015 and a meeting has been scheduled to feedback to stakeholders and launch work to develop solutions to the issues identified in the review.

Stroke

Hyper-Acute Stroke Services Resilience Review

Good progress has been made over the last period and the review remains on track. The first stage of the review, the Current State Assessment, has been completed. The stage report has been approved by the Healthy Futures Programme Board and the mandate has been provided to move onto the next stage of the review, Options Development.

The assessment has highlighted that there is considerable variation in the quality of Hyper-Acute Stroke services when comparing Providers and there is also variation in quality across the hyper-acute pathway when looking at individual Providers. All Providers evidence areas for improvement to a greater or lesser extent. Immediate action is required to improve the quality of Hyper-Acute Stroke care provided to patients.

The scenario modelling exercise that was undertaken as a part of the assessment has shown that the Hyper-Acute Stroke services across West Yorkshire are extremely fragile. The system is unlikely to be sustainable in the near future, not least because of demographic trends, and there is a significant risk to the quality of care that will be provided to patients. The assessment has identified a significant number of opportunities, that when implemented, have the potential to improve resilience. These opportunities will require providers and commissioners to work collaboratively together and for individual providers to put in place and implement action plans to address their specific risks to resilience.

The next stage of the review will focus on translating these opportunities into firm options for appraisal. This will take place between May to September.

Atrial Fibrillation

The project continues to make positive progress and is on track to complete all of the deliverables planned for this phase by the 31 March. A summary of the progress is described below:

Anti-Coagulation Service Baseline: The final report assessing the eight anti-coagulation services across West Yorkshire and their associated service improvement opportunities was presented and approved at the February Healthy Futures programme board. Following consideration of the recommendations, the project was requested to scope the development of two collaborative opportunities, Patient Home Testing and Point of Care Testing. A report is currently being drafted that explores these initiatives in detail and the potential benefits available through their implementation. This includes multiple case studies and identification of the cost, risks and dependencies. This report will be completed by the end of March 2015.

AF Anti-Coagulation Dashboard: Following the successful completion of validation testing with GP practices the AF Dashboard has now been distributed to CCGs for cascading to their local GPs. The dashboard currently only contains practices on SystemOne and not EMIS. The procurement of the EMIS module is in train and installation and configuration will be completed by the end of April. This will enable reporting on the AF Registers of all practices in West Yorkshire to highlight the treatment gap and effectiveness of local CCG AF intervention initiatives. The next release of the AF Dashboard is scheduled for May 2015 and then quarterly after that.

West Yorkshire Atrial Fibrillation (AF) Anti-Coagulation Strategy: The AF strategy provides a roadmap for CCGs to use to address the treatment gap in anti-coagulation rates for patients with AF. The treatment gap for West Yorkshire is currently at 40%. The strategy sets a target level of ambition for the management of AF. It is intended to guide future CCG commissioning intentions and encourages the growth in primary care ownership of the management of AF. The strategy contains 8 service principles for commissioners to adopt, a range of supportive materials and a roadmap of steps towards improving practice. The strategy was presented and approved at the March Healthy Futures Programme Board. Following approval it has been distributed to all of the Chief Officers from each of the CCGs together with the request to explore how their organisations will action and implement the strategy.

Menu of Options: A menu of local support options that can be offered to GPs to drive improvements in anti-coagulation has been developed. This document describes 10 local initiatives that are available to commissioners and details the resources that can be utilised. This will enable Commissioners to adopt options that align best with their local context.

Implementation Workshops / Communications and Engagement: All of the CCG senior leadership briefings have now taken place. These meetings have been held to ensure senior

leadership visibility and ownership of the project deliverables as we transfer them across for local implementation. We are half way through the local CCG implementation workshops. The purpose of these workshops is to review and discuss the AF project deliverables and to agree how they will be utilised at a local level to support performance improvement.

Delivery over the next period will focus on three key areas: providing support to the 11 CCGs to deliver against the AF Strategy, embedding the AF Dashboard and reporting framework; and producing one business case to progress a scoped collaborative anticoagulation initiative.

Urgent/Emergency Care

The WYUEC Network is well established and recognised nationally as one the first such Networks across the country. The Network provides a point of reference for the urgent / emergency care work stream of the Healthy Futures Programme, and has met on a monthly basis since being set up in the summer of 2014. The Network Director is a member of the National UEC Review Delivery Group and is speaking at an NHS Confederation event in March on West Yorkshire's approach.

2 early priorities were agreed by the Network and are being taken forward as part of Healthy Futures:

1) Improving the future provision of specialist emergency care across West Yorkshire

A working group that includes 3 out of the 6 Acute Chief Executives (BTHT; LTHT; CHFT) was established in December 2014 to consider the national UEC Review requirement to 'designate' constituent parts of the UEC system – including the 'designation' of 'specialist emergency centres'. Early discussions around the notion of one (or more) place(s) being 'a specialist emergency centre' with the others designated as 'emergency centres' was not productive. Subsequent discussions moved to considering the opportunities that exist to improve patient care and outcomes; and how patients could benefit if service provision was more 'networked' and collaborative? This approach received the full support of the Acute Chief Executives and has shaped the work since.

Working with the Chief Executives, the initial task was to firstly understand and define 'specialist emergency care'. The assumption made has been tested with lead emergency medicine clinicians and from a system-wide perspective with the WYUEC Network.

The York Health Economics Consortium has been engaged to analyse the current picture of 'specialist emergency care' in terms of activity and outcomes, based on the agreed definition. Once the current picture is understood, emphasis will shift to considering where improvements can be made and the option of developing a network of 'specialist emergency care' across the current West Yorkshire acute providers.

2) Developing the options for the future provision of West Yorkshire out-of-hours urgent care

CCG colleagues will be well aware of the challenges in delivering a sustainable and financially viable out-of-hour urgent care services within the terms of the current contract. The West Yorkshire UEC Network is supporting the Lead Commissioner of the service to develop and consider the future options for providing out-of-hours urgent care.

A Commissioner only workshop was held in January 2015 to consider whether there was support for continuing with the current service until the end of the contract in 2018 or whether to invoke the break clause and cease the contract in 2016. A recommendation to do the former was made to 10CC in March. Work will now commence to understand the aspirations of individual CCGs and any emerging models linked to extending core primary care provision or linked to transformational initiatives e.g. Vanguard sites. This will inform the future options for delivering out-of-hours urgent care within West Yorkshire.

10cc Programme Board Members

Name	Organisation
Matt Walsh (Chair)	Chief Officer – Calderdale CCG
Dr Alan Brook	Clinical Lead, Calderdale CCG
Dr Andrew Withers	Bradford CCG
Carol McKenna	Chief Officer, Greater Huddersfield CCG
Chris Dowse	Chief Officer, North Kirklees CCG
Philomena Corrigan	Chief Officer, Leeds West CCG
Gaynor Connor	Programme Director – Urgent Care
Akram Khan	Clinical Leader, Bradford City CCG
Mike Savage	Delivery Director, West Yorkshire, Y&H CS
Tony Maher	Programme Director, Y&H CS
Neil Smurthwaite	Chief Financial Officer, Airedale, Wharfedale and Craven CCG
Ellie Monkhouse	Director of Quality and Nursing, Leeds CCG
Dr Andy Harris	Leeds South and East CCG