NHS England

South West Clinical Networks & Senate Work Programme 2016/17

South West Clinical Networks Work Programme 2016/17

Version number: DRAFT (1)

First published: May 2016

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Classification: (OFFICIAL)

Contents

Contents 3

1 Introduction 4

2 Geography and Relationships 5

2.1 Relationships within NHS England Local Offices: 5

2.2 Relationship with Regional Priority Programme Boards 6

2.3 External Stakeholder Management 6

3 Common Governance Arrangements for the Clinical Networks 7

3.1 Clinical Network Steering Group 7

3.2 Working Groups 7

3.3 Clinical Network Forums 7

3.4 Clinical Networks & Senate Oversight Group 9

4 Budget 9

Introduction

The South West Clinical Networks and Senate, established with NHS England on April 1st 2013, is responsible for working with providers, commissioners and other partners in the health and social care system to deliver patient focussed improvements in experience and outcomes including ? through the following mandated clinical networks:

Clinical Networks

1. Cancer
2. Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal disease)
3. Maternity and Children
4. Mental Health and Dementia

In addition, in the South West, the SWCN support the development and delivery of two Urgent and Emergency Care (U&EC) Networks viz: the Severn and Peninsula U&EC Networks.

Each network fundamentally supports the achievement of outcome ambitions and delivery of the NHS Five Year Forward View, the NHS Constitution, the NHS and Public Health Outcomes Frameworks and the NHS England Business Plan. Amongst the networks' key responsibilities are:

- Providing advice to commissioners
- Developing and delivering an in-year quality improvement plan
- Reducing unwarranted variation in experience and outcomes
- Promotion of best practice and innovation
- Patient and public engagement

This paper describes the 2016/17 work programmes for the four mandated clinical networks and for the Clinical Senate. The work plan for the Urgent & Emergency Care Networks is described elsewhere and is reported to the Regional Board for Urgent & Emergency Care

South West Clinical Senate

The role of the Clinical Senate is to work with commissioners to provide independent clinical advice on optimal service configurations in the quest for high quality, sustainable services. This is achieved by generating questions relating to specific service areas, which are addressed during Senate Council meetings and result in advice and recommendations for commissioners. The Clinical Senate Council brings together senior clinicians from across the south west, supported by both a Senate Assembly and a Citizens' Assembly. The Clinical Senate also now provides the independent clinical review element of the NHS England assurance of large scale service change by reviewing the clinical evidence base and case for change behind service reconfiguration. In this way the Clinical Senate is the critical friend of the whole system

1 Geography and Relationships

The South West Clinical Networks and Senate cover a population of 4.8 million. Its geography includes two Local Offices of NHS England (South West and part of South Central), 7 CCGs, 6 STPs, 2 AHSNs, 2 CLARHCs, 14 acute Trusts, 5 mental health trusts, 13 local authorities and at the last count over 84 community hospitals. The relationship with NHS Improvement is evolving and will be strengthened once full organisational arrangements have been completed. The SW CN and Senate negotiate this complex landscape with a small Network Support Team and clinical leaders acting in support of the priority programmes.

1.1 Relationships within NHS England Local Offices:

Each priority programme is in direct support of the major NHS England priorities as articulated in the NHS Business Plan 2016/17 and the networks and Senate provide significant improvement capacity to NHS England Local Offices. There is clear recognition by the South Regional Medical Director to whom the networks and Senate report, that support from the clinical networks and Senate is in enacting medium to long term transformational gains. The Networks and Senate are also required to support the statutory CCG regulatory responsibility of NHS England through close relationships with colleagues from Operations and Delivery, Specialised and Primary Care Commissioning teams and the Nursing and Quality Directorate.

The South West Networks and Senate span two Local Offices. After the completion of the SCN and Senates review and in discussion with the Network Support team and South West and South Central colleagues, we have developed a place-based approach to managing the relationships across our complex landscape. The ‘place leadership’ which is responsible for managing relationships at a senior level, is articulated through the post of ‘Heads of Clinical Programmes’ of which there are three. Broadly, these roles are to enable the support for STP based interventions and to manage the internal Local Office relationships, supporting planning and enabling the networks and Senate to provide granular intelligence for the priority programmes. A senior Clinical Network Manager (8c and above) is being allocated to the 3 geographies:

Geography	CCGs	STP/s
Peninsula	NEW Devon South Devon & Torbay Kernow	Mid-Devon STP Cornwall STP
BNSSSG	Bristol North Somerset South Gloucestershire Somerset	BNSSG STP Somerset STP
BGWS	B&NES Wiltshire Swindon Gloucestershire	BSW STP Gloucestershire STP

1.2 Each 'Head of Clinical Programmes' is responsible for developing the mode of operation for supporting the planning, in particular the implementation of the CCG Assessment Framework.Relationship with Regional Priority Programme Boards

There are 10 Regional Priority Programme Boards aligned to the national NHS England business priorities. Two programmes relate to the work of the CNs – those for

- Cancer
- Mental Health and Dementia

An additional Programme Board supported by the SWCN is that for Urgent & Emergency Care and it is anticipated that a Regional Board for the Maternity Review will be appointed once the national PMO for that priority has been established. The programme board for Diabetes has been subsumed into that supporting primary care. The SW Networks are active participants in all the above programme boards. They act in support of the board, providing intelligence about local health communities and act as a channel to promote best practice across the region. Participation also enables joint endeavours on specific areas e.g. a primary care dementia diagnosis model which is in development with South Central, sharing the work of the South Region's Senates etc.

1.3 External Stakeholder Management

As described earlier the South West Clinical Networks and Senate manage a large and complex stakeholder map with participants from a number of statutory entities. In addition, each network also supports public and patient engagement and has a thriving relationship with a number of voluntary and independent sector bodies. The list of stakeholders below is not exhaustive, but describes the major working relationships where there is some co-dependency to support delivery and all attempts to reduce duplication:

- CCG Commissioners
- Acute and Mental Health Providers
- GP surgeries
- Public Health England
- Health Education England
- Health and Well Being Boards
- Academic Health Science Networks
- CLARHCs
- Local Authorities
- National Policy Groups
- Emergent Priority Boards for Mental Health, Cancer and Maternity Review
- Voluntary sector
- Patients, Carers and Service Users
- Other national networks and senates

2 Common Governance Arrangements for the Clinical Networks

The governance model for the four clinical networks is detailed in figure 1 and described below.

2.1 Clinical Network Steering Group

The Steering Group will be responsible for the strategic and operational development and delivery of the clinical network and the network's work programme:

Membership of the steering group will be as indicated in figure one.

The terms of reference will be agreed by the members of the group in conjunction with the South West CN and Clinical Senate Oversight Group.

The steering group meeting will be chaired by a network clinical director and organised by the network's support team.

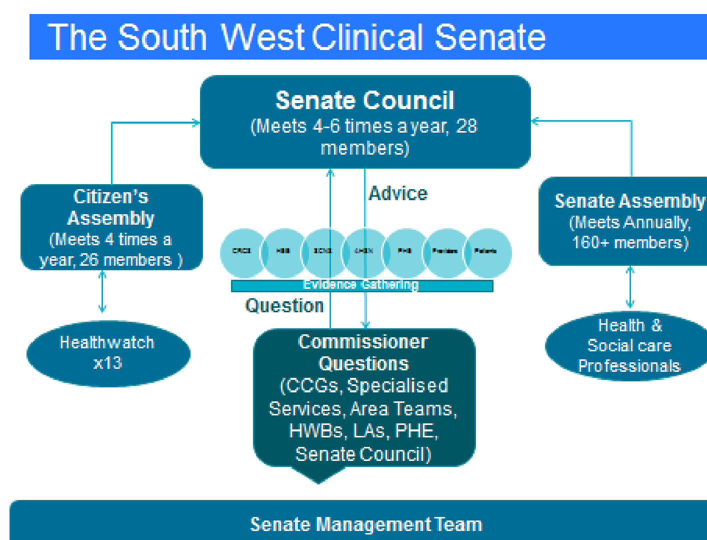
2.2 Working Groups

Working Groups will be established and meet as required to support the delivery of the work programme. Each working group will establish terms of reference, have an identified Chair and agreed terms of reference.

2.3 Clinical Network Forums

These will be used as source of advice for their area of expertise and geography. This will either be achieved through meetings as required or where possible using technology to hold virtual meetings.

Clinical Senate Governance



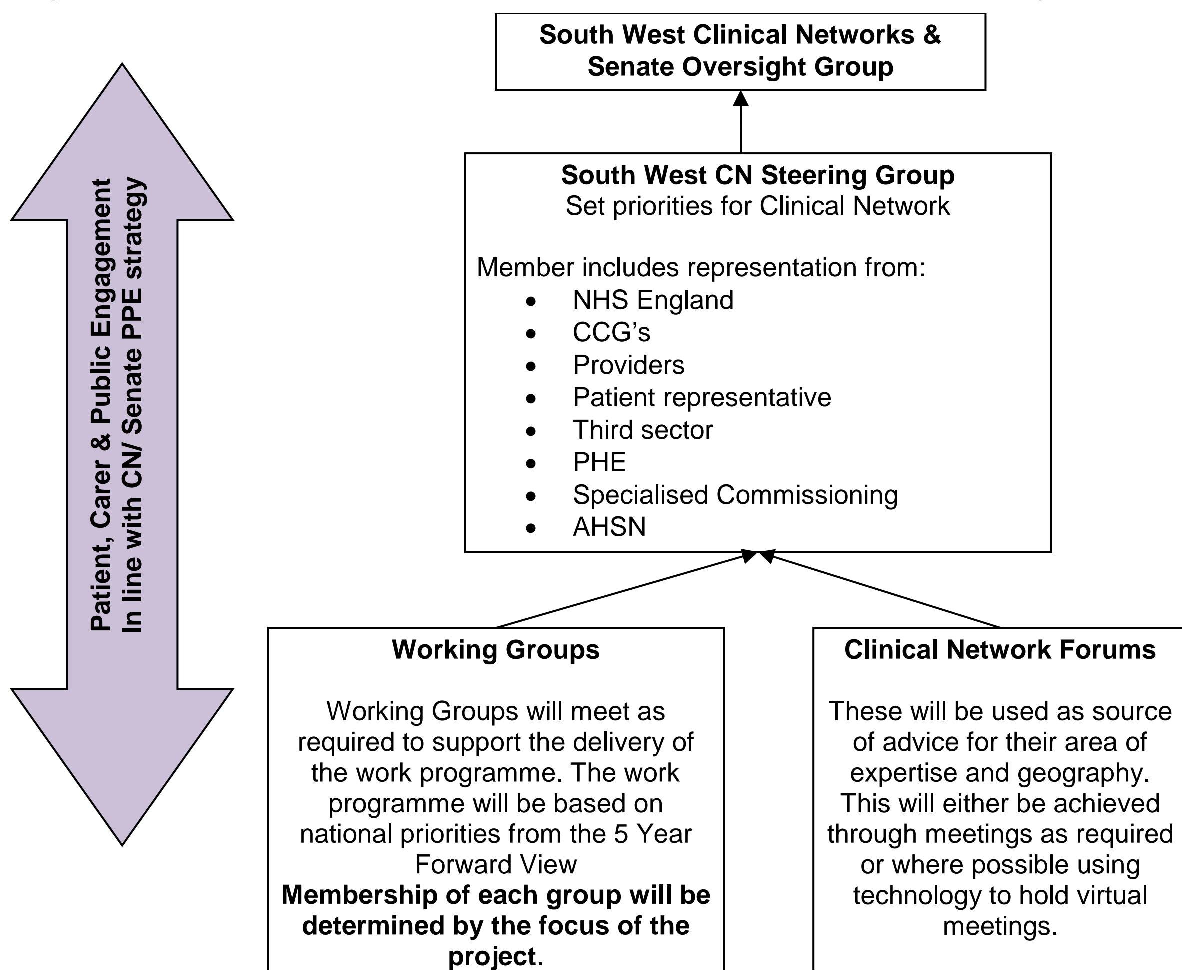
The South West Clinical Senate spans professional groups and works alongside patient and

public partners, Clinical Networks, Academic Health Science Networks, Public Health England, Health Education South West and others to support service reconfiguration and improve the quality of health and social care cross the South West.

The Senate Council signs off any recommendations resulting from senate councils or clinical reviews.

The Senate Chair is a clinician, appointed by interview and accountable to NHS England via the Medical Director of the NHS England South Local Office with responsibility for Clinical Senates and Clinical Networks. The Senate Chair has ultimate responsibility for the Senate. Clinical Senates have been established to be responsive to the health community through their deliberations and advisory role. The Senate will be held to account by the South West Clinical Networks & Senate Oversight Group.

Figure 1 - South West Clinical Networks – Individual Network Governance Arrangements



2.4 Clinical Networks and Senate Oversight Group

It has been agreed that the revised national Operating Model for the Clinical Networks and Senate is to broadly be the same as that established in 2013. The SW CN and Senate are responsible to the Regional Medical Director through the Clinical Networks and the Senate Oversight Group. The Networks and Senate are also responsible to the Local Offices of NHS England, Directors of Commissioning Operations through the respective Medical Directors for South West and South Central. The DCOs will sign off the plans for the South West Clinical Networks and Senate. Progress will be monitored through the Directors Group on a quarterly basis.

Previously the Oversight Group of the Clinical Network and Senate has been composed of the principle internal and external stakeholders outlined in Section 2. In light of the development of the STPs, consideration needs to be given to the composition of the Oversight Group, though broadly the rest of the membership will remain the same.

The proposed Oversight Group Membership is as follows:

- Chair – NHS England Local Office Medical Director
- STP Senior Representative x 6 (1 per STP – provider or commissioner)
- Public Health England
- Health Education England
- Network Clinical Directors for priority areas
- Senate Chair
- Citizens' Assembly Chair
- AHSNs representatives
- Mental Health Provider x1
- Director of Ops and Delivery
- Director of Nursing and Quality
- Finance

The Oversight Group is responsible for agreeing the work programme and the budgets for the priority areas on an annual basis. The group will meet 3 times per year, including the Clinical Network and Senate Annual Conference to showcase the work and achievements of the networks and Senate and to share best practice.

3 Budget

As budgets tighten and subsequent to the review of the Clinical Networks and Senate, the budget of the South West Clinical Networks and Senate has seen significant reductions. As previously, the budget is allocated on a split basis:

- Running Costs Budget to support the core network team – reduced by 30% since 2013
- Programme Budget allocation – reduced by 34% since 2013

Both budgets support a complement of permanent staff as per the structure agreed with NHS South. However, according to current HR directions any vacancies relating to programme budgets must be recruited on a short term basis until March 2017.

Work Programmes

Programme Name: Cardiovascular (CV) Network	Lead: Michelle Roe	Date: May 2016

Background

The Five Year Forward View, NHS Planning Guidance, and the Sustainability and Transformation Plans (STPs) are all driven by the pursuit of the "triple aim": (i) improving the health and wellbeing of the whole population; (ii) better quality for all patients, through care redesign; and (iii) better value for taxpayers in a financially sustainable system. The work of the CV (cardiac, stroke, renal and diabetes) Network supports the implementation of these national directives by contributing to a number of NHS England's 2016/17 business plan priorities as outlined below:

Improving health-closing the health and wellbeing gap		Time scale
Priority 4	**Tackling obesity and preventing diabetes (including work to reduce the variation in the management and care of people with diabetes)** 1) To support the implementation of the NHS Diabetes Prevention Programme (NDPP) 2) To improve in diabetic patients the achievement of the three NICE-recommended treatment targets; HbA1c, cholesterol and blood pressure in line with the current median performance of 40% 3) To increase by 10% year on year to 2021 of newly diagnosed people with diabetes who attend a structured education course 4) To increase GP participation in the National Diabetes Audit (NDA) 5) To reduce the number of lower limb amputations in high risk diabetic patients. 6) To review local pathways against optimal pathway for diabetes (in line with the NHS Right Care Programme)	March 2020 March 2018 March 2021 Sept 2017 March 2017 March 2017
Transforming care - closing the care and quality gap		
Priority 5	**Strengthening primary care services (including making the most of clinical pharmacists)** 1) To pilot the implementation of a community pharmacy-led patient activation and medicines compliance service for patients taking medicines for Hypertension (HTN), Type 2 Diabetes Mellitus (T2DM), Atrial Fibrillation (AF) and to reduce further complications and/or progression of Acute Kidney Injury (AKI), through improved self-management	March 2018
Priority 6	**Redesigning urgent and emergency care services (including reforms to the 999 ambulance service will be rolled out to deliver a more clinically appropriate response)** 1) Increase direct referral from SWASFT to community diabetes service-i.e. diabetic specialist nurses 2) To support implementation of the four clinical standards across the five urgent network specialist services of vascular, stroke, major trauma, heart attack and children's critical care.	Dec 2016 March 2018
Priority 7	**Personalisation and Choice** 1) To improve patient experience and clinical outcomes for patients receiving renal replacement therapy (RRT) by increasing the uptake of dialysis home therapies as an alternative to centre-based dialysis in line with NICE guidance	March 2018

Priority programme deliverables

Tackling obesity and preventing diabetes (including work to reduce the variation in the management and care of people with diabetes)

Priority 4	**Timescales**	**Deliverables**
1) To support the implementation of the NHS Diabetes Prevention Programme (NDPP) by assisting areas in preparing for readiness to implement the NDPP	July 2016 June 2016 August 2016	• To develop check list for establishing local NDPP • To share national models of delivery to CCGs including referral pathways • To support the development of registers of patients at high risk of diabetes
Progress to date • Organising collaborative event with PHE to prepare CCGs & local authority readiness to complete Expression of Interest submission for future Waves. SW NDPP planning event confirmed for 07.07.16. The objectives include: o Understanding what the national strategy and rationale is for the roll-out of the NDPP. o Learning from the experience of early implementers and first wave sites in the South East including developing risk registers, referral pathways etc. o Understanding the implications for primary care & existing commissioned services for diabetes prevention and weight management. o Working in STP footprints to identify key work prior to the next round or expressions of interest.		
2) To improve in diabetic patients the achievement of the three NICE-recommended treatment targets; HbA1c, cholesterol and blood pressure in line with the National current median performance of 40%	May 2016	• Bench mark current performance of all 3 treatment targets and inform CCGs o BATH & NORTH EAST SOMERSET 42% o GLOUCESTER 42.4% o SWINDON 39.1% o WILTSHIRE 39.3% o BRISTOL 35.1% o KERNOW 35% o NORTH SOMERSET 40%

<table>
<tr><td></td><td></td><td>NEW DEVON 36.8%
SOMERSET 38.1%
SOUTH DEVON AND TORBAY 36.9%
SOUTH GLOUCESTER 39.8%</td></tr>
<tr><td colspan="3">Progress to date
Current performance benchmarked and reported to CCGs
NHSE informed of current performance linking with CCG assurance process in South Central, establishing links with South West.
Links with medicine management leads established</td></tr>
<tr><td>3) To increase the percentage of people with diabetes (diagnosed less than a year) who attend a structured education course</td><td>July 2016
Dec 2016</td><td>To review DUK scoping report on structured education report
To produce a structured education resource package for CCGs to support individual based services similar to the London Clinical Network.</td></tr>
<tr><td colspan="3">Progress to date
STPs reviewed in line with all diabetes priorities including structured education, the three NICE treatment targets, NDA participation rates and amputation
rates.</td></tr>
<tr><td>4) To increase GP participation in the National Diabetes Audit (NDA)</td><td>May 2016
May 2016
June 2016
June 2016
June 2016</td><td>Bench mark current NDA participation rates
Inform CCGs of NDA and links to CCG Improvement & Assessment Frame work
Audit type of GP software systems used across the SW.
Link with HSCIC to help improve the software uploading process
Share best practice of areas performing well (BaNES 92.6%)</td></tr>
<tr><td colspan="3">Progress to date
Current performance of NDA participation benchmarked and report presented to North & South COG and CCGs
South Central CCG's assurance plans reviewed with regards to NDA participation, establishing links with South West.
NDA participation guidelines sent to GP practices via e-bulletins</td></tr>
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<tr><td>5) To reduce the number of lower limb amputations in high risk diabetic patients to below the average of demographically similar areas in England with similar by 2018.

The national average of lower limb amputation is 2.6 per 1000 people with diabetes, in the SW, this can vary between 2.5 to 4.7 per 1000</td><td>Completed
Completed
June 2016
Completed
Completed

Completed
Completed
July 2016</td><td>• Perform peer reviews of foot care services across the 14 providers and 11 CCGs across the SW.
• Produce report following each review with recommendations to improve service provision
• Produce overall summary to executive group to inform of outcomes of the reviews and areas requiring improvement.
• Perform 6 monthly follow-up assessment to establish progress
• Produce resource package on performing Root Cause Analysis (RCA) linking it with the recommendations in the Peer Review reports, AHSNs safety Collaborative and NDFA
• Produce lower limb amputation ‘check list’ for primary care significant event audits (SEA)
• To produce primary care professional education Foot Care resource package.</td></tr>
<tr><td colspan="3">Progress to date
• All peer reviews have been completed and a formal recommendation report has been sent to providers (CEO’s, MDs & Clinical Leads) CCGs (Chairs, Accountable Officers & Commissioning Leads).
• Follow-up report sent to all providers, response received from all except three, offers of help sent to areas
• Lower Limb amputation specific RCA & SEA package developed implementation to be supported via the SW Diabetes Commissioning Advisory Group and the SW AHSN safety collaborative.
• Overall summary completed to be sent to DCO team directors to link with CCG assurance process.
• Working with DUK to develop a RCA resource pack</td></tr>
<tr><td>6) To review local pathways against optimal pathway for diabetes (in line with the NHS Right Care Programme)</td><td>October 2016</td><td>• To review CCGs strategic Right Care Pathways for diabetes & stroke to establish if there are areas of variation and common themes for improvement and shared learning</td></tr>
<tr><td colspan="3">Progress to date
• Met with NHS South, Right care Lead to ensure work programmes are linked where appropriate.</td></tr>
<tr><td colspan="3">Strengthening primary care services (including making the most of clinical pharmacists)</td></tr>
<tr><td>Priority 5</td><td>Timescales</td><td>Deliverables</td></tr>
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1) To pilot the implementation of a community pharmacy-led patient activation and medicines compliance service for patients taking medicines for Hypertension (HTN), Type 2 Diabetes Mellitus (T2DM), Atrial Fibrillation (AF) and to reduce further complications and/or progression of Acute Kidney Injury (AKI), through improved self-management	May 2016 July/August 2016 July/August 2016 July/August 2016	• Develop bid for PAM licenses • Develop and implement education and training for pharmacists regarding each area (e.g. AKI, diabetes, AF and hypertension) • Develop resource package for the pharmacists regarding patient self-management tools. • Agree Pharma Outcome measures to support evaluation
Progress to date • Cornwall LPC agreed to pilot the community pharmacy-led patient activation project • Kernow CCG to include PAM license application within their process. • Service specification and pathway drafted • Centre for Pharmacy Postgraduate Education (CPPE) agree to provide pharmacist training		
Redesigning urgent and emergency care services (including reforms to the 999 ambulance service will be rolled out to deliver a more clinically appropriate response)		
Priority 6	**Timescales**	**Deliverables**
1) **To support implementation of the four clinical standards across the five urgent network specialist services of vascular, stroke, major trauma, heart attack and children's critical**	Complete complete Complete	• To produce service maps and profiles for complex cardiac and stroke services across the SW • To produce an options appraisal with recommendations for all SW CCGs and SC regarding configuration of stroke and complex cardiology services to inform the commissioning process. • Organise commissioner and provider events to inform of outcomes cardiology

care.		across the SW.
Progress to date • Service maps presented at key stakeholder event on the 3.11.15. There was representation from all CCGs, providers, PHE, Spec Comm, patients, Voluntary organisations & AHSNs. • Options appraisal completed • Letter to CCG s A/O re: STPs & implementation of the four clinical standards and options appraisal to be distributed within next 2 weeks. • DCO teams, Spec Comm, Devon Success Regime, Urgent care Networks informed of options report.		
2) **Increase direct referral from SWASFT to community diabetes service-i.e. diabetic specialist nurses and reduce frequency of ambulance attendances for 'repeat' call-outs to high risk patient's**	May 2016 May 2016 June 2016	• Benchmark emergency admission/SWASFT activity where available across the SW • Review current models of care and patient pathways to identify best practice and areas for improvement. • Develop standards and policies to ensure clinical governance is assured • The project will link with the ambulance Electronic Patient Clinical Record (EPCR) device which offers an IT platform using a pro-forma or notification which can be electronically communicated to Primary Care and community diabetes providers using nhs.net.
Progress to date • Cornwall pilot presented to SW Diabetes Commissioning Advisory Group (CAG). • Project briefing produced, CCGs and providers contacted, Devon & Somerset to further pilot the project. • Hypo frailty guidance being updated in line with NICE guidance and to be implemented through Diabetes CAG and sent to heads of medicines management • Draft patient advice leaflet developed which informs of treatment, advice and referral plan following a hypoglycaemic episode. This is being updated following consultation.		
Personalisation and Choice		
Priority 7	**Timescales**	**Deliverables**

1) To improve patient experience and clinical outcomes for patients receiving renal replacement therapy (RRT) by increasing the uptake of dialysis home therapies as an alternative to centre-based dialysis in line with NICE guidance	June 2016 Completed	• Review current resources within 5 SW renal Centres and model opportunities for service redesign. • South West Home Therapies Conference to share best practice
Progress to date: • RCHT and PHNT have undergone the modelling and reviewing implications		

Programme Name: Cancer Network	**Lead: Jonathan Miller**	**Date: April 2016**

Background
Cancer is one of the mandated work programmes. NHS England have set out priorities for Cancer for 2016/17 and beyond to 2020. This is driven by the National Cancer Strategy which sets out 96 recommendations.

Priority 1 - Improving the quality of care and access to cancer treatment	**Timescale**
Establishing Cancer Alliances in line with national timetable. • Local design meetings and workshops; • Propose South West Regional Alliance footprints and local structures to Regional Medical Director; • Alliance footprints and local structures approved by national Commissioning, Provision and Accountability Oversight Group agrees footprints and local structures; • Draft local plans; • Ensure Cancer Alliance integrated into work of STP and NHS England • Support CCGs in implementing changes identified through the Right Care Programme	May 2016 July 2016 Aug 2016 Nov 2016 July 2016 Mar 2017
Early Diagnosis • Support a review of diagnostics demand and capacity. Support bids to national fund from National Cancer Team for new model. • Implement referral process for new NICE Referral Guidance • Support implementation of direct access to diagnostics (or straight to test pathways) **Metrics** • Increase in one-year survival (75% by 2020) • Increase in proportion of cancers diagnosed at stage 1 and 2 • Patients informed of definitive diagnosis of cancer or otherwise within 28 days of GP referral by 2020 [measure in development] • Implementation of the NICE referral guidelines (including GP direct access to investigative tests)	Nov 2016 Jun 2016 Nov 2016
Access **Support delivery of 62 Day cancer standard**	

• See review of diagnostics demand and capacity in Early Diagnosis section • Support implementation of Breach reallocation Guidance • Support redesign of pathways, in particular between providers. **Metrics** • National cancer waiting time standards in particular 62 day standard	Nov 2016 Jun 2016 Dec 2016
Living With & Beyond Cancer • Define pathways for Living with & Beyond Cancer to identify when the elements of the recovery package should be delivered and to specify follow up model • Develop metrics for LWBC (in line with national developments and metrics for other long term conditions **Metrics** • Improved overall patient experience (from Cancer Patient Experience Survey) • Reduction in variation in patient experience [measure in development] • All patients able to access test results and other communications online by 2020 • All patients able to access a CNS or other key worker • Improved quality of life [measure in development] • All patients able to access the Recovery Package interventions by 2020 [measure in development] • All breast cancer patients able to access risk stratified follow up management by April 2017	Oct 2016 Aug 2016

Priority programme deliverables

	Timescales	Deliverables
1 Establishing Cancer Alliances	May 2016 Jun 2016 July 2016 Aug 2016 Nov 2016	Local design meetings and workshops; Review National Implementation Plan for the national Cancer Strategy, begin consultation for inclusion in Alliance plans and STP plans Support STPs to revise plans to include National Implementation Plan Propose South West Regional Alliance footprints and local structures to Regional Medical Director; Alliance footprints and local structures approved by national Commissioning, Provision and Accountability Oversight Group agrees footprints and local structures; Draft local plans;

	July 2016 Mar 2017	Ensure Cancer Alliance integrated into work of STP and NHS England Support CCGs in implementing changes identified through the Right Care Programme
Progress to date • SW Cancer Alliance Event 2015 • SW Cancer Alliance events in April 2016 • Paper setting out proposal for South West to DCO SMT on 16 May • Initial data from national dash board circulated with internal comparators		
2 Early Diagnosis	Nov 2016 June 2016 Nov 2016 July 2016	• Support a review of diagnostics demand and capacity. Support bids to national fund from National Cancer Team for new model. • Timescale dependent on national process not yet published • Secure support from NHS England South Region for information analysis of endoscopy demand and analysis of current activity, as part of South region Programme Bard priority • Implement referral process for new NICE Referral Guidance • • Support implementation of direct access to diagnostics (or straight to test pathways) • Agree proposals for Communicating results to patient and booking onward test for x-ray, CT, MRI, US and endoscopy
Progress to date • Referral pro-formas for South West proposed Jan 2016 • Local CCGs are consulting and agreeing local version for full implementation • Principles of implementation for direct access diagnostics proposed by Network and tested at Devon Radiology workshop. Implementation is dependent on better understanding of diagnostic capacity.		

3 Access	Nov 2016 Jun 2016 Dec 2016 Sep 2016 Jun - Mar 2016	• Support a review of diagnostics demand and capacity. Support bids to national fund from National Cancer Team for new model. • Timescale dependent on national process not yet published • Secure support from NHS England South Region for information analysis of endoscopy demand and analysis of current activity, as part of South region Programme Bard priority • Support implementation of Breach reallocation Guidance • Agree minimum clinical data required by tumour. • Confirm IT requirements for local data collection • Support redesign of pathways, in particular between providers. • Agree diagnostic reporting standards Support any SW pilots of 28 day standard
Progress to date • Inter-trust referral pathways agreed (autumn 2015), including ideal reporting timescales • SW Access Policy agreed with inter-trust referral dataset • Breach reallocation guidance discussed. Information systems being reviewed for ability to collect local information. Method for triple provider pathways agreed. • Clinical dataset in place locally – this will be used as basis for SW agreement • Specific pathway elements reviewed include – communication of negative results, pathways with more than one MDT, pre biopsy MRI in prostate cancer		
4 Living With & Beyond Cancer	Oct 2016 July 2016 Sep 2016 Sep 2016 Nov 2016 Aug 2016	• Define pathways for Living with & Beyond Cancer to identify when the elements of the recovery package should be delivered and to specify follow up model • Propose LWBC pathway for Breast Cancer • Agree LWBC Pathway for Breast Cancer with providers and CCGs • Propose LWBC Pathways for Lung, Colorectal and Prostate Cancer Agree commissioning approach for LWBC for 2017/18, including metrics, CQUINS and other contract elements • Develop metrics for LWBC (in line with national developments and metrics for

	May 2016	other long term conditions • Review bids for PAM licences from local CCGs

Progress to date

- Local pathways developed, being shared for collation and proposal of SW version
- Commissioning LWBC Cancer workshops for commissioners held in Nov 2015
- Commissioning advice for CCGs for 2016/17 published in Dec 2015

Programme Name: Maternity and Children's Clinical Network	Lead: Richard Harris	Date: April 2016

Background:
The work of the maternity and Children's Clinical Network supports the implementation of the national priority actions for clinical networks for maternity and mental health by contributing to a number of NHS England's 2016/17 business plan priorities as outlined below:

National Priority Action – Maternity	
NHS England Business Plan	**Aim: Transforming care - closing the care and quality gap** **Priority 7: Providing timely access to high quality elective care**
Developing a safe and sustainable model for maternity and neonatal services by supporting implementation of the NHS England Maternity Services Review.	
Supporting implementation of the NHS England stillbirth reduction care bundle.	
Reducing perinatal morbidity and mortality and improving maternal outcomes and experience supported by the SW Maternity Dashboard.	
To ensure that the voice of women and their families is at the heart of implementing the outcomes of the NHS England maternity services review.	
National Priority Action – Mental Health & Dementia (Perinatal and Infant Mental Health)	
NHS England Business Plan	**Aim: Improving health-closing the health and wellbeing gap** **Priority 2: Upgrading the quality of care and access to mental health and dementia services**
Establish a clinically led PIMH implementation network that supports delivery of the recommendations of the Mental Health Taskforce Review and National Maternity Services Review.	
To develop a sustainable model of PIMH care across the SW to be implemented through commissioning arrangements meeting the recommendations of the Mental Health Task Force. Within 2016 identify the sustainable PIMH model of Mother and Baby Unit and specialist community team provision across the South West as part of the model of care.	
Establish a workforce development programme that is integrated with the work of Health Education England and that delivers: • Generic, multi-professional training that improves the early identification and management of PIMH issues • Improved joint working between midwifery and mental health teams • Development of existing PIMH specialists.	
To ensure that the voice of women and their families is at the heart of developing the model of care.	
National Priority Action – Urgent and Emergency Care	
NHS England Business Plan	**Aim: Transforming care - closing the care and quality gap** **Priority 6: Redesigning urgent care services**
Ensuring that children and young people are fully included within the transformation of urgent and emergency care within the South West.	

National Priority Action - Maternity

No.	Project Area	Objective	Key Deliverables	Timescale
1.	**Supporting implementation of the maternity services review**	Develop a safe and sustainable model for maternity and neonatal services.	• Support provided to CCG's in developing STP's • Benchmarking of current maternity units position against the review recommendations • Regional event identifying regional key action areas from the recommendations • Regional work programme aligned to national programme board and deliverables	July 2016 August 2016 September 2016 November 2016
2.	**Stillbirth reduction**	Support implementation of NHS England's stillbirth reduction care bundle	• Regional workshop held supporting Trusts to develop local action plans • Survey of current level of implementation within maternity units • Development of local CQUINS to support care bundle implementation	May 2016 June 2016 March 2017
3.	**Reducing perinatal mortality and morbidity**	To reduce variation in outcomes and experience across the SW monitored through the SW Maternity Dashboard. Initial focus on caesarean section rates.	• Review of caesarean section rates and associated factors across the SW.	March 2017
4.	**Service user engagement**	To ensure that the voice of women and their families is at the heart of implementing the outcomes of the NHS England maternity service review	• Demonstrable service user engagement within the maternity work programme	Ongoing

National Priority Action – Mental Health & Dementia (Perinatal and Infant Mental Health)

No.	Project Area	Objective	Key Deliverables	Timescale
1.	**Regional clinical leadership for perinatal and infant mental health**	To establish strong clinical leadership for the work programme.	• Appoint South West SCN PIMH clinical lead.	September 2016.
2.	**South West PIMH implementation team**	To establish the South West PIMH implementation team.	• Establish a SW PIMH network through engaging, informing and working with all key stakeholders across maternity, children's and mental health services.	March 2017
3.	**Model of care**	To develop a sustainable model of PIMH care across the SW to be implemented through commissioning arrangements meeting the recommendations of the Mental Health Task Force.	• A model of care that reflects integrated working across health and social care centered around the mother and her baby. • Within the first year identify the sustainable PIMH model of Mother and Baby Unit and specialist community team provision across the South West as part of the model of care.	October 2016
4.	**Education and training**	Deliver, in partnership with Health Education England-South West, a PIMH education and training strategy.	An education and training programme that is integrated with the work of Health Education England and that delivers: • Generic, multi-professional training that improves the early identification and management of PIMH issues • Improved joint working between midwifery and mental health teams • Development of existing PIMH specialists.	March 2017
6.	**Service user engagement**	To ensure that the voice of women and their families is at the heart of developing the model of care.	• Build on existing contributions to the work programme, e.g. Bluebell Care in Bristol. • Broadening the use of the SCN funded patient experience survey piloted in February 2016 in Kernow CCG.	March 2017

National Priority Action – Urgent and Emergency Care

No.	Project Area	Objective	Key Deliverables	Timescale
1.	**Regional paediatric urgent care dataset**	To support units to evaluate the impact of service change through a consistent, high quality, accurate paediatric urgent care dataset.	• Dataset established in partnership with PenCLAHRC.	March 2017
2.	**Paediatric urgent care**	Embed original SCN work programme with the SW Urgent and Emergency Care Networks to develop care pathways to ensure that children are treated in appropriate settings with care provided by appropriately skilled professionals.	• Work programme embedded within the Urgent and Emergency Care Networks within the SW.	September 2016

Programme Name: **Mental Health and Dementia Network**	**Leads: Dr Laurence Mynors-Wallis** **Manager: Sunita Berry**	**Date: April 2016**

Background

The Five Year Forward View, NHS Planning Guidance, and the Sustainability and Transformation Plans (STPs) are all driven by the pursuit of the "triple aim": (i) improving the health and wellbeing of the whole population; (ii) better quality for all patients, through care redesign; and (iii) better value for taxpayers in a financially sustainable system. The work of the Mental Health and Dementia Network supports the implementation of these national directives by contributing to a number of NHS England's 2016/17 business plan priorities as outlined below. In delivering these priorities the MH&D Network works closely with stakeholders including providers (primary, secondary and tertiary), commissioners (CCG and Specialised), AHSNs, PHE, HEE, schools, local government and the criminal justice system including police. As mental health problems affect all ages, there are several cross cutting priorities outlined below where established connections will deliver cross-linked programmes e.g. in support of the Urgent and Emergency Care Networks.

Improving health-closing the health and wellbeing gap		**Time scale**
Priority 2	**Upgrading the Quality of Care and Access to Mental Health and Dementia Services** 1) To support the implementation of Mental Health Five Year Forward View and its recommendations. To reduce variations in access we will:	
	• Develop consensus to deliver a single approach to liaison and crisis service for all ages working with commissioners and providers to outline the 7-day model of care for **all ages** that is commensurate with the ambitions outlined in the Urgent & Emergency Care review and the Mental Health 5YFV **(Related Priority 6– Redesigning Urgent & Emergency Care)**	March 2017
	• Conduct a comprehensive review of mental health beds across the South West to include perinatal services and make recommendations to commissioners being mindful of the Crisp Commission review **(Related Priority 8 – Ensuring High Quality and Affordable specialised Care)**	December 2016
	• Work with NHS England Primary Care Commissioners and the co-commissioning framework to support enhanced primary and community access to mental health services as outlined in 5YFV for General Practice **(Related Priority 5 – Strengthening Primary Care Services)**	March 2017
	• Collaborate with Oxford AHSN to ensure delivery of the 2-week standard for Early Intervention in Psychosis services through a peer review of all providers and agreeing action plans with commissioners	Sept 2017 September

	• Develop and deliver agreed spoke of national programme for Children and Young People including the review of CAMHs Transformation. Complete recruitment of programme team by July 2016 • Review current model of dementia diagnosis (largely secondary care memory clinic-led) and move to primary care led model for dementia diagnosis • Review post-diagnosis support for dementia. Work with BCF teams to develop a strategy for post diagnosis support for dementia	2016 and ongoing November 2016 September 2016
Tackling Obesity and tackling diabetes		
Priority 4	**Reducing obesity and the onset of diabetes for patients with serious mental illness** • Work with CVD Network and West of England AHSN Diabetes Test beds to encourage at least 1 CCG to develop a priority diabetes prevention programme for service users with SMI • Examine the offer of IAPT for long term conditions and work with commissioners to focus delivery of IAPT services for newly diagnosed diabetes patients	September 2017 March 2017
Priority 7	**Personalisation and Choice** • Negotiate with South West IPC Programme to deliver a cohort (number to be decided) of personalised budgets with an approach suitable for mental health service users • Negotiate with South West IPC Programme to deliver a cohort (number to be decided) of personalised support for dementia patients who have CHC agreed	Dec 2016 Dec 2016
	Measures for Delivery	
	• From April 2016, at least 50 percent of people experiencing a first episode of psychosis should commence treatment with a NICE approved care package within two weeks of referral, with the aim of increasing to 60 percent over the next 5years. • By April 2016, we will work with mental health providers to ensure that 75 per cent of people referred to psychological therapies begin treatment within six weeks, and 95 per cent within 18 weeks, securing a minimum of 50 per cent recovery rate from treatment, with the aim of increasing access to 25 per cent over the next 5 years. • From April 2016, maintain a minimum of two thirds diagnosis rates for people with dementia, whilst agreeing an affordable implementation plan to deliver more consistent access to effective treatment and support.	

	• By March 2017, we will support CCGs to begin implementing plans to improve crisis care for all ages, including investing in places of safety. • By March 2017, we will work with partners to increase provision of high quality mental health care for children and young people to ensure an extra 70,000 have access by 2020, including prevention and early intervention. • By March 2017, we will set out how areas will ensure that children and young people with an eating disorder commence treatment with NICE-approved care within clear waiting times for both urgent and routine cases.	

National Priority Action – Mental Health and Dementia

No.	Project Area	Objective	Key Deliverables	Timescale
1.	**Supporting the Implementation of the 5YFV for Mental Health**	Develop the Mental Health and Dementia Network governance in support of the strategy.	• Hold Strategy Launch Day • A Senior Leaders Group for Mental Health and Dementia is developed to steer the key priority areas in 5YFV • Work streams are agreed and leads appointed • Data is available to support benchmarking in principal work streams	May 2016 June 2016 August 2016 September 2016
2.	**IAPT**	IAPT Network development to support improvements in access and reliable recovery	• Review of IAPT ERG to refocus on developing clear pathways, using data to drive improvements • Hold regional workshop to outline the scale of challenge and secure membership of clinical leaders to socialize the change • Develop model/s of care in line with good practice and work with commissioners and Ops and delivery teams to deliver change where performance is lagging • Secure agreement to review IAPT	May 2016 May 2016 March 2017

			specialisms where reconfiguration of services is likely to concentrate expertise and reduce staff attrition	March 2017
3.	**Crisis and liaison**	Crisis & liaison work-stream is developed in line with Core 24 standards	• Review the current provision of crisis and liaison services via the Urgent and Emergency Care Stock take • Work with commissioners and providers to develop 7 day service for liaison for all ages, identifying a suitable target achievement for the Network	June 2016 November 2016
4.	**EIP**	Support the EIP Network in collaboration with Oxford AHSN	• Work with providers and commissioners to conduct a peer review of EIP service provision to promote compliance with waiting times standards and NICE compliance • Support providers to use their systems to accurately report the waiting time and develop a system for real time use of the EIP matrix developed by Oxford AHSN to drive improvements • Work with HEE to ensure that training for EIP is supported across the South West	December 2016 July 2016 Ongoing
5.	**Develop the spoke CYP Programme South West**	Establish the Children and Young People Programme South West	• Complete programme team appointments • Establish the CYP network • Review CAMHS Transformation plans and support the delivery of the national access commitments e.g. for eating disorders • Scope the establishment and maintain regional resources/networks for driving delivery and improvement by supporting priority setting, across mental health services in the South West. • Support the Children and Young People's Improving Access to Psychological	July 2016 Ongoing March 2018

			Therapies (CYP IAPT) programme by 2018. • Connect CYP programme with EIP work stream to enable psychosis in young people to be recognised and a pathway developed	March 2017
6	**Acute Care for Mental health including perinatal**	Capacity review of South West bed base	• Review acute bed provision and feed outputs into STPs across South West • Review models of care to develop improved access criteria for patients	November 2016
7	**Dementia**	Dementia Network support for diagnosis and post-diagnostic support	• Dementia diagnosis model is reviewed and a primary care-led consensus is developed • Framework for post-diagnostic support is produced and adopted by at least 2 commissioners in South West	November 2016 March 2016

South West Clinical Senate Work Programme 2016/17 **Lead: Dr Phil Yates** **Manager: Ellie Devine**				**Progress Monitoring**							**Resource Requirement**
		Senate Topics 2016/17	**Description**	**Status**							
Transformational					**Apr 16**	**May '16**	**Jun '16**	**July 16**	**Aug '16**	**Sep 16**	
Advice	**1**	Guidance for MDT surgical decision making	Advice to providers on behalf of commissioners: "It is recognised that currently in some circumstances, surgical treatments with limited benefit might be delivered to patients whereas there are greater limitations in the use of drug/medicine therapies. With particular reference to patients thought to be in their final year of life, what guidance and information should be considered by MDTs when making decisions to undertake complex surgical procedures in order to assure that surgical interventions are in a patient's best interests?"	Recommend-ations issued http://www.swsenate.org.uk/senate-advice/							Evidence gathering, Speakers, Council, Venue, PPE expenses

Annual Assembly Event	**2**	Digital Healthcare Spotlight	A regional clinical networking and assembly event considering opportunities for patients in the South West as a result of digital innovation. Looking at how technology is already deployed within the South West, the role that rurality plays and how future innovation could enable the changing landscape of the health and social care system. We will showcase a number of initiatives and examples of best practice with opportunities for discussion and networking amongst fellow professionals and peers.	Excellent delegate feedback. Summary report available.							Venue and speakers
Clinical Review	**3**	3Rs Model of Care	The South West Clinical Senate brought together an independent, out of area review panel to consider the plans South Gloucestershire Clinical Commissioning Group has set out to implement a model of care for rehabilitation, reablement and recovery.	Draft report given to CCG in November. Further panel meeting requested to sign off final report - 21st April	final panel	final report & public ation					Panel and Venue
Clinical Review	**4**	Complex Spinal Surgery Review	The South West Clinical Senate have been asked in their capacity as independent clinical advisers to bring together out of area clinical expertise to review the orthopaedic and neuro surgery referral pathways into the complex surgery service on behalf of the South West Specialised commissioners.	Panel identified, site visits set, pre-meets being arranged and evidence gathering	Panel and evidence	Site Visits	Report				Panel, informatics, literature review, venue and backfill/expe nses

Advice Follow up	**5**	Emergency Surgery Review	Emergency General surgery review at all 14 South West providers commissioned by the South West Clinical Senate on behalf of CCGs following the October 2014 Senate and using the standards for unscheduled care proposed by the Royal College of Surgeons. The review will largely consider the service against national standards along with some survey and interview questions to provide insight into the variation between service arrangements and patient outcomes. We expect it to provide valuable shared information across the South West and encourage the uptake of key clinical standards for Emergency General Surgery.	Site visits to commence in April. Final report due to Council in November 2016.	Site visits/steering groups	Project Manager, Senate Council Lead, Admin, management and Informatics support. Final report.

DCO offer	**6**	STPs	We have identified two strands of support: 1. To consider the overview of the total South West footprint, how it hangs together and pathways across boundaries. We will liaise with other Clinical Senates across the South who are also working with their local footprint leads. Bring together the clinical directors for the clinical networks in the South West representing the national priority areas of Maternity, Mental Health, CVD, Cancer and Urgent Care. We would consider the outline plans, compare and contrast and consider the whole population view, then feed-back recommendations on an individual footprint and SW level. 2. In addition to this we can work as a critical friend along the way to STP completion by offering a clinical dialogue around the care model and help answer/respond to specific queries in relation to the clinical case for change within STPs, discuss with other Senates either in the South or Nationally and help provide evidence and best practice examples.	Timeline • April – Identify support requirement with footprint leads and DCOs and link with networks, PH etc. • Now to May/June – offer support in terms of evidence and best practice via South Senate Chairs Group and individual Senate working group for STPs • 15th April to 19th May – share outline plans with Senate Council to be reviewed against an assessment grid and commentary provide • 19th May Senate Council	Confirm support, outline plans	Senate Council					Council, working groups

				meeting – review assessments (with footprint leads for South West if present) and develop recommendations							
Reconfiguration Grid	**7**	South Devon and Torbay Community Hospitals	Clinical Review timeline and level of support being agreed	June							
Reconfiguration Grid	**8**	North Somerset Futures	Ops and Delivery have asked Senate to feed into timeline to plan clinical review in pre-consultation	October							
Forecast	**9**	Support to UECNs	To discuss options with UECN leads	TBC							

Forecast	**10**	Success Regime	Discuss requirement for future Senate support/clinical review	Meeting 19th April with CCG							
Evaluation	**11**	Mental Health Evaluation	Support implementation of November 2015 Senate Recommendations	Review progress Nov 16 Senate Council							
Operational											
Council Core	**A**	**Senate Council Meetings x 5**	**Jan-Dec '16**	Dates set							Venue and expenses
NHS England	**B**	**Improvement Review**	To complete April 16 - need to attend meetings, calls, consultation, submit structures etc.	Complete - posts slotted in. Band 6 to recruit to.							
Comms	**C**	**Stakeholder Engagement**	National and local – CCGs, UECNs, Vanguards, regional assurance team, AHSNs	Ongoing							
Council Core	**D**	**Membership**	Seek applications to 5 council vacancies	Applications due in end March. Confirming new posts.							
Assembly Core	**E**	**Membership**	Refresh and role clarification	Communications during January/February complete							
Citizens' Assembly	**F**	**Membership**	Support to new Citizen's Commissioner, and secure CA membership from 13 health watch areas	Ongoing							
Council Core		**Training/Development**	To develop strategic leadership and	19th July Senate							Venue

			support Council members	Council Meeting							and speakers
Citizens' Assembly	**G**	**Training/Development**	To develop expert citizens' input	July meeting set - planning programme							Venue and speakers
Admin	**H**	**Website refresh**	TBC								
Citizens' Assembly Core	**I**	**Meetings x 5**	Meetings scheduled prior to SC meetings to co-ordinate citizen input. CA also has its own work plan to coordinate input elsewhere e.g. UECN steering group	Dates set							Venue and expenses
Business	**J**	**Ops & Delivery Reconfiguration Grid Review**	Monthly update/need to agree similar with BGSW								
Business	**K**	**Senate and Network Team Meetings**	Monthly								
Business	**L**	**AO meetings**	Quarterly. Need to agree similar with BGSW.								
Evaluation	**M**	**Review advice issued to date**	Ongoing but further local evaluation planned to account for increased and changing clinical review workload and potential impact on senate council and makeup of Senate	TBC							

Severn Urgent and Emergency Care Network – 2016/17 Priorities (based on Urgent Care Route Map)

Priority	Description
i. System Architecture	Successful Networks require strong relationships between organisations and between individuals within each organisation. We want to focus on projects where there is real buy-in to what is being aimed for, to build trust and mutual respect. We fully recognise that building successful relationships requires time and effort of all involved. Therefore, we will be seeking to commission OD expertise to develop an OD approach for the Network
ii. Accessing the Urgent and Emergency Care system	Supporting the integration of 111, 999 and OOHs (and other appropriate community services) services within the Network area, using NHS England's 'Commissioning Standards Integrated Urgent Care' to enable implementation. This work will be enhanced through Network priority projects, Developing the Directory of Services (DoS) and developing an Integrated Clinical Hub (ICH).
iii. Urgent and Emergency Care Centres	Establish a 'Reconfiguring Urgent Care in Community Settings' (to create a new service model for out of acute hospital urgent care) workstream, with a view to developing a service model(s) for implementation across the Network area, using NHS England's related guidance as relevant.
iv. Paramedic at Home	Ensure there is a consistent approach to developing referral/care pathways to support paramedics utilising the expertise of ED clinicians and others so that "no decision is made in isolation"
v. Emergency Centres and Specialist Services	Build on the outputs/analysis of the Stocktake, alongside the workstream to reconfigure urgent care in community settings, plan work to support the designation of UEC facilities. This seeks to ensure consistent care pathways are in place across the Network footprint
vi. Mental Health Crisis	Work alongside the South West Mental Health, Dementia and Neurological Conditions Network colleagues to ensure implementation of UEC Route Map assessment and waiting time standards, planning in preparation to meet new standards in 2017/18
vii. Supporting Self Care	Support the introduction of a common approach to person-centred care and support planning, building on the baseline assessment already commissioned by the Network
viii. Independent Care Sector	Establish the role of the Network in supporting relevant commissioning leads and local authority colleagues to maximise use of nursing home capacity and to develop the domiciliary care market
ix. Primary Care	As part of the workstream to 'reconfigure urgent care in community settings', ensure primary care is incorporated, and integration opportunities are maximised, as well as utilising and linking into the work and funding of Phase 2 PMCF. linking in with Integrated Clinical Hub.

SEVERN URGENT AND EMERGENCY NETWORK: OVERALL APPROACH

Purpose
This paper describes the arrangements for how the Severn Urgent and Emergency Care Network (SUECN) will be run and managed.

Background
NHS England has requested a new SUECN is created across eight CCG areas in the South West.

The intention is that the SUECN will provide strategic oversight of Urgent and Emergency Care (UEC) on a regional footprint, ensuring that patients with more serious or life threatening emergencies receive treatment in centres with the right facilities and expertise, whilst also assuring that individuals can have their urgent care needs met locally by services as close to home as possible.

The SUECN is expected to develop a regional response to the recent national UEC review with constituent System Resilience Groups (SRGs) being responsible for delivery. The SUECN will aim to improve the consistency and quality of UEC by addressing the challenges that single SRGs will find difficulty tackling in isolation. SRGs will look to the SUECN to provide support where there is an advantage in uniformity of the provision of a standard of care.

The Network was 'launched' at an event for key partners on 11 September 2015. At this event, the top three priorities for the SUECN were agreed as undertaking an UEC stocktake, developing a combined clinical hub across 999/111/OOHs/Community services, and improving the Directory of Services.

A vital starting point for the Network is to consider how it will be run and managed.

Overall Approach
Given the high number of stakeholders potentially interested in working as part of the SUECN and/or interested in the work of the SUECN, the following governance arrangements have been developed in order to strike the balance between direct involvement of as many people/organisations as possible with the practical of reality of needing to deliver effective change.

What is the SUECN?

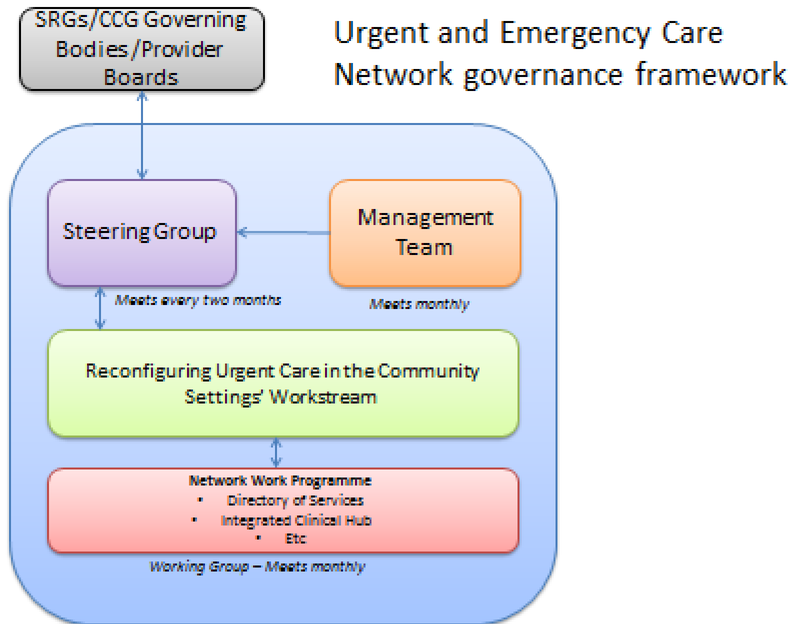
The SUECN is a group of organisations that are working together across the eight CCG areas towards a series of common goals, through an agreed work programme. The eight areas are;

- Bath and North East Somerset
- Bristol
- Gloucestershire
- North Somerset
- Somerset
- South Gloucestershire
- Swindon
- Wiltshire

The SUECN consists of:

- A list of members (i.e. key representatives of local organisations) – to be known as the 'SUECN Membership';
- A Steering Group;
- A Management Team
- A delivery workstream.
- A series of relevant projects

All the above will be supported by the management team, hosted by the lead organisation – Gloucestershire CCG. This whole 'picture' is described diagrammatically - see below



Note: blue box = UECN Membership, meets every three months

SUECN Membership

The foundation of the overall approach is the concept of the Network being centered on its membership. The members are representatives of local organisations who are key UEC partners. The Membership will meet every three months.

Steering Group

The Steering Group will act on behalf of the SUECN Membership to deliver an agreed work programme.

There will be a reporting relationship between the SRGs, the CCG Governing Bodies and the provider Boards, which could flow either way depending on local arrangements in each health community.

It was agreed at the launch event that the Steering Group attendees would consist of individual people attending on behalf of their sector, instead of their organisation (for example, Wiltshire Community Services attending to represent all community providers).

The pragmatic approach taken to selecting proposed attendees has been based on organisational size (i.e. those organisations covering the widest geographical area) and/or based on ensuring the widest geographical spread (i.e. the need to ensure all eight CCG areas are well represented). It is felt this approach will help to ensure the Network can become fully operational at the earliest possible point.

Work stream

A Work stream is being established with a Clinical Lead to manage the delivery of Network Work Programme and will report into the Steering Group regularly. The Work stream will oversee relevant project delivery work. Each project will be expected to consider the list of SUECN membership when determining who to directly involve and/or engage with.

Management Team

A management team will meet regularly to support the Steering Group in its work delivering the SUECN work programme. The team will consist of an Executive Director from the lead CCG (Gloucestershire), the Network Clinical Chair, Professor Jonathan Benger and the Network Programme Manager.

Communications and Engagement

Central to the successful establishment and ongoing effectiveness of the SUECN is how the Network management team communicates and engages with the membership. Monthly communication will be delivered along with a new website containing all relevant information.

PENINSULA URGENT AND EMERGENCY CARE NETWORK

i. System Architecture	Successful Networks require strong relationships between organisations and between individuals within each organisation. We want to focus on projects where there is real buy-in to what is being aimed for, to build trust and mutual respect. We fully recognise that building successful relationships requires time and effort of all involved. Therefore, we will be seeking to commission OD expertise to develop an OD approach for the Network Following scoping work being led through the Network Steering Group in 2015/16 on how the Network can support the development of the UEC workforce in the Peninsula, consider the findings and determine best next steps
ii. Accessing the Urgent and Emergency Care system	Support the integration of 111, 999 and OOHs services (and other appropriate community services) within the Network area, using NHS England's 'Commissioning Standards Integrated Urgent Care' to enable implementation. This work will be enhanced through working closely with the DoS team, which is coterminous with the Network footprint
iii. Urgent and Emergency Care Centres	Establish a 'Reconfiguring Urgent Care in Community Settings' work stream, with a view to developing a service model(s) for implementation across the Network area, using NHS England's related guidance as relevant. This was agreed as a Network priority at the end of 2015
iv. Paramedic at Home	Ensure there is a consistent approach to developing referral/care pathways to support paramedics utilising the expertise of other clinicians so that "no decision is made in isolation"
v. Emergency Centres and Specialist Services	Build on the outputs/analysis of the Stocktake, alongside the work stream to reconfigure urgent care in community settings, to plan work to support the designation of UEC facilities. This seeks to ensure consistent care pathways are in place across the Network footprint
vi. Mental Health Crisis	Work alongside the South West Mental Health, Dementia and Neurological Conditions Clinical Network colleagues to ensure implementation of UEC Route Map assessment and waiting time standards, planning in preparation to meet new standards (yet to be announced) in 2017/18
vii. Supporting Self Care	Support the introduction of a common approach to person-centred care and support planning, building on the baseline assessment already commissioned by the Network
viii. Independent Care Sector	Establish the role of the Network in supporting relevant commissioning leads and local authority colleagues to maximise use of nursing home capacity and to develop the domiciliary care market
ix. Primary Care	As part of the work stream to 'reconfigure urgent care in community settings', ensure primary care is incorporated, and integration opportunities are maximised, as well as utilising and linking into the work and funding of Phase 2 PMCF/the PCTF

PENINSULA URGENT AND EMERGENCY CARE NETWORK - OVERALL APPROACH

Background

NHS England has requested that Urgent and Emergency Care Networks (UECNs) be created across the country, recently deciding the footprints should match those of the local Trauma Networks. Locally, this means aligning to the Plymouth Trauma Network, which covers Devon and Cornwall – forming a new ‘Peninsula’ UECN.

NEW Devon CCG is the lead/coordinating commissioner for the new Peninsula UECN, led by the Accountable Officer Rebecca Harriott. This has been agreed by the CCG leads.

Purpose

The intention is that UECNs will provide strategic oversight of UEC on a regional footprint, ensuring that patients with more serious or life threatening emergencies receive treatment in centres with the right facilities and expertise, whilst also assuring that individuals can have their urgent care needs met locally by services as close to home as possible.

The UECNs are expected to develop a regional response to the recent national UEC review with constituent SRGs being responsible for delivery. UECNs will aim to improve the consistency and quality of UEC by addressing the challenges that single SRGs find difficulty tackling in isolation. SRGs will look to UECNs to provide support where there is an advantage in uniformity of the provision of a standard of care.

Overall Approach

Peninsula UECN

The Peninsula UECN is a group of organisations that are working together across the three CCG areas towards a series of common goals, through an agreed work programme. It consists of:

- A list of members (i.e. key representatives of local organisations) – known as the ‘Peninsula UECN Membership’;
- A Steering Group; and
- A series of Working Groups.

All the above will be supported by a small management team, hosted by the lead organisation – NEW Devon CCG. This whole ‘picture’ is described diagrammatically in the Network Governance section below.

UECN Membership

The foundation of the approach is the concept of the Network being centred around its membership. The members are representatives of local organisations who are key UEC partners.

The membership will meet at least six-monthly and as required. In between times, there will be regular communication with the whole membership.

Steering Group

The Steering Group will act on behalf of the Peninsula UECN Membership to deliver an agreed work programme (initial areas having been agreed at the 11 September 2015 'launch event').

There is a reporting relationship between the SRGs, the CCG Governing Bodies and the provider Boards, which could flow either way depending on local arrangements in each health community.

The Steering Group attendee list consists of individual people attending on behalf of their sector, instead of their organisation (for example, one community services attending to represent all community providers).

Working Groups

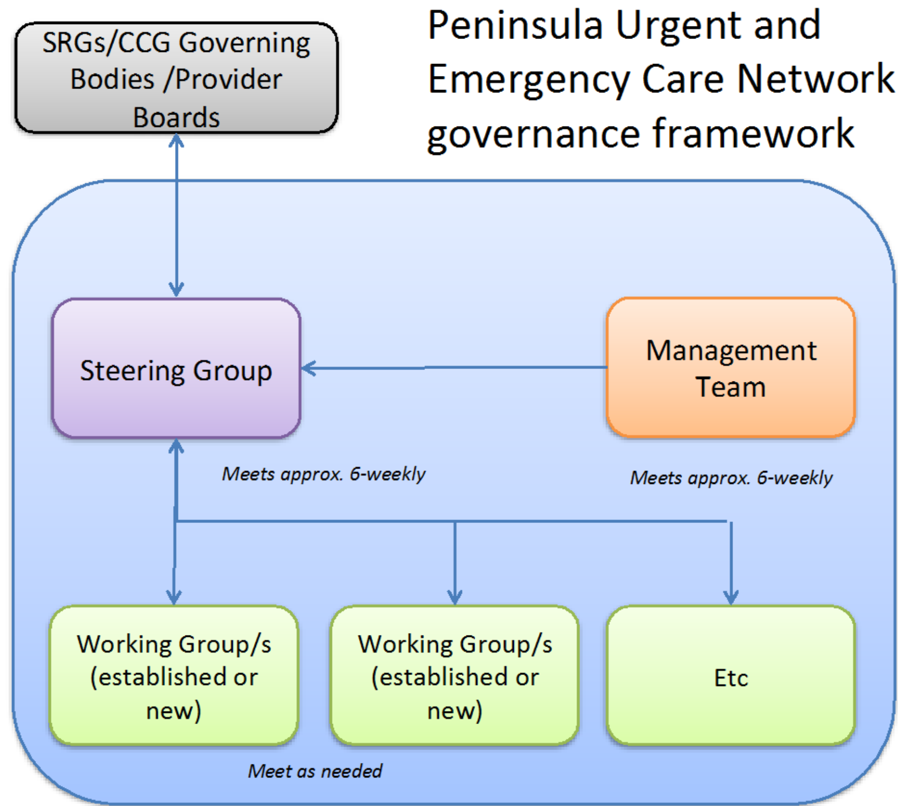
A Working Group will be appointed to lead each work programme work stream, and each will report into the Steering Group. Each Group will either be a newly formed 'task and finish' group, or an existing forum will be used where possible. The Steering Group will agree the right approach on a work stream-by-work stream basis. Each Working Group will be expected to consider the list of Peninsula UECN membership when determining who to directly involve and/or engage with.

Management Team

A small management team will meet regularly to support the Steering Group in its work delivering the Peninsula UECN work programme. The team consists of:

- Executive Director Chair (Rebecca Harriott)
- Clinical Chair (Dr Ian Higginson)
- Director Lead (Caroline Dawe)
- Programme Manager (Jonathan Jeanes)

Network Governance



Note: blue box = Peninsula UECN Membership

Figure I