Final Work Plan 2014-2016

Strategic Clinical Networks

Cheshire & Merseyside
Strategic Clinical Networks

28.02.2014

NHS England

CMSCN Vision: To improve the health & wellbeing of our population through collaborative working.

CMSCN Values: Cheshire and Merseyside Strategic Clinical Networks and Senate will work within the values of NHS England. Central to our ambition is to place patients and the public at the heart of everything we do through: clinical leadership, patient & people focus, continuous improvement, accountability & respect.

Strategic Objectives

- Champion equitable access to high quality services supported by evidence & best practice

- Meaningful & effective patient & public involvement in strategic decision making

- Support commissioners to reduce unwarranted variations in service delivery

- Support commissioners & providers to deliver whole system improvement and act as a vehicle to ensure equitable outcomes for the population of Cheshire & Merseyside

- Support commissioners in ensuring best value for money in addition to improving the quality of care and outcomes

Summary Work Plan

Domains	1.Prevent premature death	2. Quality of life for patients with long term conditions	3. Help recover from ill health/injury	4. Ensure positive experience of care	5. Care delivered in a safe environment
Cancer priorities	Improving outcomes for cancer patients: prevention and earlier diagnosis	Improved quality of life for patients living with & beyond cancer		Improved patient experience through high quality, cost effective cancer pathways	Supporting commissioners to reduce variation: through high quality, cost effective cancer pathways high quality cancer care guided by national guidance and best practice
Cardiovascular priorities	Improving outcomes for cardiac & stoke patients: prevention & early detection Reduce morbidity and mortality from Acute Kidney Injury	Improvement in rehabilitation support for cardiac & stroke patients Prevention and management of diabetes related foot problems. Improvements in primary care	Supporting commissioners to reduce variations in in-patient care.	Ensure coordinated services for patients with chronic kidney disease	Supporting commissioners to reduce variation informed by comparative data

Domains	1.Prevent premature death	2. Quality of life for patients with long term conditions	3. Help recover from ill health/injury	4. Ensure positive experience of care	5. Care delivered in a safe environment
End of life priorities		Raise awareness of and enable conversations around death and dying with the public and professionals in health and social care Support and influence the commissioning of high quality cost effective pathways for end of life care		End of life care services designed around the patient enabling them to identify their preferences & wishes at end of life and for those wishes to be met regardless of disease, condition or place of care Patients & those who care for them to have a positive experience at end of life Equitable access to end of life care services guided by best practise, audit research & evaluation	Patients and the people who care for them to be supported by a confident capable workforce Support and influence the commissioning of high quality cost effective pathways for end of life care
Maternity, children & young people priorities	Reducing Still Births	Optimising the management of CYP with long term conditions and their transition to adult services Improving paediatric community services	Reduce avoidable CYP A&E attendances	Improved maternal mental health Reducing pre-term deliveries, optimising maangement Improved mental health and wellbeing	Optimising the management of acute and chronic conditions in pregnancy Supporting commissioners to reduce variation and improve outcomes in

			of CYP	maternity services

Domains	1.Prevent premature death	2. Quality of life for patients with long term conditions	3. Help recover from ill health/injury	4. Ensure positive experience of care	5. Care delivered in a safe environment
Mental health, dementia & neurological conditions priorities	To manage acute crisis mental health episodes in a timely responsive manner that meets the needs of service users and their carers and families	To build an integrated depression pathway with service users and their carers that enables them to manage their depression from mild through to suicidal thoughts	Improve management & experience of people with neurological conditions Dementia: To reduce crisis events & avoidable admissions	To work with people with learning disabilities to enable them to access mental health services and have their needs met at the right time, in the right place and the right care Dementia: To deliver timely diagnosis and post diagnostic support in an appropriate setting	To ensure a standardised and transferable programme of education and training for all staff working with patients with dementia, whilst raising awareness of dementia with the general public

Cancer Work Plan

Clinical Lead: Professor Chris Holcombe (Chris.Holcombe@rlbuht.nhs.uk)

Network Manager: Anita Corrigan (anita.corrigan@nhs.net)

Quality Improvement Leads:Kathy Collins (k.collins5@nhs.net) Anna Bass (anna.bass@nhs.net)

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Domain 1: Preventing people from dying prematurely *Improving* outcomes for cancer patients: prevention and earlier diagnosis	We will review of current access to diagnostics & development of optimal pathways across the network.	Dec 2015	Streamlined diagnostic pathways resulting in early diagnosis and reduction in emergency presentations.	*Improving Outcomes: A Strategy for Cancer (IOSC) (2011)*
	We will undertake an analysis of referral rates, emergency presentations, stage of disease at presentation	April 2015	Informed locality, CNG work programmes which support improvements in cancer outcomes	*Everyone counts planning for patients 2014/14-2018/2019*
	We will continue roll-out of cancer awareness/decision making tools in general practice	2014-16	Metrics measuring improved uptake & cancer diagnosis rates across C&M	Putting Patients First: The NHS England business plan for 2013/14 – 2015/16
	We will work across health economy to raise population awareness of specific signs and symptoms through national & local initiatives	2014-16	Metrics measuring long-term improvements in cancer incidence, mortality and survival rates	*DH NHS Outcomes Framework 2014/2015*
		April 2015	Local screening coverage rates comparable with national average	*NICE (2013) Smoking cessation - acute, maternity and mental health services (PH48)*
	We will monitor impact of local pilot CT scan for high risk population of lung cancer & implementation of agreed best practice		Metrics measuring improved smoking quit rates	*CRUK/NCIN – UK Cancer Statistics*
		Sept 2014		
	We will work with stakeholders to			*National Cancer Screening Programmes*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
	implement targeted intervention plans developed to address incidence, one and five year survival in • Ovarian cancer • Head & Neck Cancer We will support MDT's in implementation of smoking cessation guidance We will support commissioners to address variations in screening performance across C&M	Mar 2015 2014-16		*Cancer Waiting Times compliance (2WR referrals v emergency presentations)* *Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)*
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm Supporting commissioner's to reduce variation: through high quality, cost effective cancer pathways high quality cancer care guided by national guidance and best practice	We will work with stakeholders to reduce variation through network agreed clinical protocols & national & local clinical audits aligned to best practice including national specifications & quality standards We will support effective clinical network groups actively engaged in driving up quality (including access/recruitment to trials) & addressing clinical variations Data intelligence – network supported use of data and information to push the boundaries of understanding for the whole cancer population (current & future) to inform future commissioning intentions. We will support commissioners & providers in interpretation &	2014-16 2014-16 2014-16 2014-16	Clinical service compliance with IOG, national guidance, peer review quality measures, specialised & generic service specifications Network membership reflective of cancer pathway & work plans in place Informed locality, CNG work programmes to drive long-term improvements in cancer incidence, mortality and survival rates Policy compliance.	*Improving Outcomes: A Strategy for Cancer (IOSC) (2011)* *Everyone counts planning for patients 2014/14-2018/2019* Putting Patients First: The NHS England business plan for 2013/14 – 2015/16 *DH NHS Outcomes Framework 2014/2015* *National Cancer Audit Programmes* *Cancer Waiting Times* *Cancer Peer Review Programme*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
	implementation of national guidance in relation to cancer care.			*Improving Outcomes Guidance* *National Service Specifications* *Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)*
Domain 4 – Ensuring that people have a positive experience of care Improved patient experience through high quality, cost effective cancer pathways	We will inform service improvement through monitoring of patient experience through cancer peer review programme, national patient experience surveys, friends & family test	2014-16	Year on year improvement in cancer patient experience & outcomes	*Improving Outcomes: A Strategy for Cancer (IOSC) (2011)* *Everyone counts planning for patients 2014/14-2018/2019* Putting Patients First: The NHS England business plan for 2013/14 – 2015/16 *DH NHS Outcomes Framework 2014/2015* *National patient experience survey results:* - *Cancer* - *Chemotherapy* - *Radiotherapy* *Friends & family test* *National Cancer Audit Programmes*
	We will work with stakeholders to reduce variations in patient access & waiting times, though network clinically agreed patient pathways	2014-16		
	Workforce development - Influence education and training priorities within cancer care to inform LETB and LWEGS for C&M	2014-16		
	We will ensure active patient & public involvement in SCN activities through implementation of SCN Patient and Public Engagement Strategy	April 2015		
	We will support commissioners & providers to develop best practice models of physical optimisation peri-treatment.	2014-16		

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
				Cancer Waiting Times
				Cancer Peer Review Programme
				CMSCN Patient and Public Engagement Strategy
				National Cancer Survivor Initiative
				Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)
Domain 2 – Enhancing quality of life for people with long-term conditions Improved quality of life for patients living with & beyond cancer	Improving patient experience and care coordination through network-wide implementation of survivorship 'recovery package' i.e. - Holistic Needs Assessments and care planning at key points of the care pathway, - A Treatment Summary completed at the end of each acute treatment phase, sent to patient and GP - A Cancer Care Review completed by GP or practice nurse to discuss the person's needs, and - A patient education and support programme in place to prepare the person for the transition to supported self-management, which	Dec 2015	Year on year improvement in % of MDT's who have implemented recovery package. Annual target agreed with commissioners. New models of care developed which reflect best practice & demonstrate value for money.	*Improving Outcomes: A Strategy for Cancer (IOSC) (2011)* *Everyone counts planning for patients 2014/14-2018/2019* Putting Patients First: The NHS England business plan for 2013/14 – 2015/16 *DH NHS Outcomes Framework 2014/2015* *National Cancer Survivor Initiative* *Public Health Outcomes Framework England 2013-*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
	will include advice on healthy lifestyle and physical activity.	2014-16		*2016 (Outcomes 2 & 4)*
	We will support commissioners & providers to implement self-management programmes i.e. individualised follow-up care as a supported, shared care or complex care model tthrough designing, testing and implementing models of delivery	2014-16		
	We will work with SCN colleagues to ensure timely equity of access to rehabilitation & psychology service.			

CVD Work Plan

Clinical Lead: Aftab Ahmad (Diabetes) aftab.ahmad@rlbuht.nhs.uk; Abrahaham Abraham (Kidney) abraham.abraham@aintree.nhs.uk; Debbie Lowe (Stroke) Deborah.lowe4@nhs.net Raph Perry (Cardiac – Interim) Raphael.perry@lhch.nhs.uk

Network Manager:Anita Corrigan (anita.corrigan@nhs.net)

Quality Improvement Leads: Wendy O'Connor (wendy.oconnor@nhs.net) Michelle Timoney (michelle.timoney@nhs.net)
David McKinlay (d.mckinlay@nhs.net) Louise Vernon (l.vernon@nhs)

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Domain 1: Preventing people from dying prematurely Improving outcomes for cardiac & stoke patients: prevention & early detection	We will review current arrhythmia services against NICE AF draft/final guidelines and work with providers and commissioners to address areas of non-compliance We will ensure that all eligible patients have access to anticoagulant therapy supported by high quality responsive local services We will work with stakeholder to implement service for familial hypercholesterolemia based on evidence/best practice	2014-16	Network-wide implementation of 'CaptureStroke' a Data Collection and Care Performance Monitoring System with proven capability to improve stroke care and patient outcomes. Metrics measuring long-term improvements in CVD incidence, mortality and survival rates Supporting data improvements in performance indicators (e.g. SSNAP, SITS, ASI, AQA) to enable regional variation analysis and pathway improvements. FH projected incidence versus referral rates – year on year improvements	*DH NHS Outcomes Framework 2014/2015* *CVD Outcomes Strategy 2013* *National Stroke Strategy Cochrane meta-analysis* *Everyone counts planning for patients 2014/14-2018/2019* *National Stroke Strategy* *RCP SSNAP audit* *Everyone counts planning for patients 2014/14-2018/2019* *Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Domain 2 – Enhancing quality of life for people with long-term conditions Cardiac & Stroke: Equitable access to high quality rehabilitation support for cardiac & stroke patients (hospital, ESD services & community)	We will work with providers and commissioners in reviewing stroke care services across the network & addressing variations in practice. We will establish gold standard protocols for 6 month reviews. We will work with providers and commissioners to increase number of eligible CVD patients accessing high quality responsive rehabilitation services.	2014-16	Peer Support Visits – Unit Remedial Action Plans to address deficits. Year on year reductions in length of stay Targeted improvements in access to • ESD service (ambition > 40%+) • Post stroke - 6 month reviews (ambition 100%) • cardiac rehabilitation (ambition >65%) for patients admitted with coronary artery disease • cardiac rehabilitation (ambition >33%) for patients admitted following acute heart failure.	*DH NHS Outcomes Framework 2014/2015* *NICE CG36 AF guideline review* *NICE CG71 FH guidelines* *NICE QS41 FH Quality Standards* *CVD Outcome strategy 2013* *National Cardiac Rehab Audit* *NICOR 2013* *MINAP 2013* *Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)*
Domain 2: Enhancing quality of life for people with long-term conditions Stroke: Ensuring quality services for stroke patients	We will deliver a collaborative stroke service improvement project with NHS IQ to pilot the use of intermittent pneumatic compression (IPC) sleeves across our stroke services to improve the care and reduce complications after stroke & share/spread findings	2014-15	Reduced DVT rates and reduced (DVT related) mortality in acute stroke patients.	CVD Outcomes Strategy 2013 *Everyone counts planning for patients 2014/14-2018/2019* (ambitions 1, 3, 4, 5, 6, 7) National Stroke Strategy RCP SSNAP audit
Domain 1: Preventing people from dying prematurely	We will benchmark against NICE guidelines and best practice	2014-16	Metrics measuring • reduced incidence of acute kidney injury	*NCEPOD* *NICE CG169*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Kidney: Reduce morbidity and mortality from Acute Kidney Injury	We will identify priorities for improvement work We will influence the development of educational programmes We will work with stakeholders to develop commissioning tools to support quality improvement		• increased patient identification rate • reduced length of stay • reduced readmissions • reduced mortality • reduced morbidity • reduced unplanned dialysis starts	*Everyone counts planning for patients 2014/14-2018/2019* *DH NHS Outcomes framework 2014/15* *CVD Outcomes Strategy 2013* *Kidney Health: Delivering Excellence - A Kidney Health Report October 2013* *Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)*
Domain 4 – Ensuring that people have a positive experience of care Kidney: ensure coordinated services for patients with chronic kidney disease	We will ensure all eligible patients have access to transplant and develop post-transplant pathways We will ensure standardised, best practice care and offer choice to patients We will review demand and capacity We will empower patients to self-care We will ensure clear pathways, communication and integration - primary and secondary care	2014-16	Metrics measuring • improved CKD management, demonstrated by data • increase in uptake of home therapies • increase in eligible patients being offered transplant • increase in transplants being performed	*Everyone counts planning for patients 2014/15 – 2018/19* *DH NHS Outcomes Framework 2014/2015* *CVD Outcomes strategy 2013* *Kidney Health: Delivering Excellence - A Kidney Health Report October 2013* *Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Domain 2 – Enhancing quality of life for people with long-term conditions Development of an integrated foot care pathway incorporating primary, secondary and community care	We will work with stakeholders to agree a 'good foot care' pathway We will work with commisoners & providers to identify gaps in current service provision & adreess Develop and agree network wide pathway for foot care Develop detailed service specification to support commissioning Development of data collection tools to support improvements in quality of care Support implementation of network wide pathway for prevention and management of foot problems	2014-15	Development of quality measures and standards for foot care spanning the whole patient journey. Successful uptake of the national foot care audit in 2014 Metrics measuring • reduction in rate of amputation • improved uptake of foot screening through the 9 care processes • reduction in rate of admission for active foot disease • increase in % people seen by MDT within 24 hours • increase in % people receiving foot risk assessment within 24 hours	*DH NHS Outcomes Framework 2014/2015* *Everyone counts planning for patients 2014/15 – 2018/19* *Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)*
Domain 3: Helping people to recover from episodes of ill health or following injury Diabetes: Standardisation of in-patient care.	Agreed dataset to support quality improvement work Develop, agree and implement standardised pathways of care Support region wide implementation Support commissioning decision making using the national service specification Development of network position statement for the use of continuous glucose monitoring	2014-16	Improvements in performance against the key indicators of the National Diabetes Inpatient Audit	*DH NHS Outcomes Framework 2014/2015* *Everyone counts planning for patients 2014/15 – 2018/19* *Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Domain 2 – Enhancing quality of life for people with long-term conditions Diabetes: Improvements in primary care	Identify opportunities to support improvements in primary diabetes care Currently under consideration: • 9 care processes • I.T. to support decision making • Utilisation of regional 'diabetes dashboard' and uptake of data sources • Development of a pre-pregnancy pathway • Improving access to mental health service for people with long term conditions	2014-16	Improvements in performance against the key indicators of the National Diabetes Inpatient Audit	*DH NHS Outcomes Framework 2014/2015* *Everyone counts planning for patients 2014/15 – 2018/19* *Public Health Outcomes Framework England 2013-2016 (Outcomes 2 & 4)*

End of Life Work Plan

Clinical Lead: Professor John Ellershaw (john.ellershaw@mariecurie.org.uk)

Network Manager: Bernadette Hurst (Bernadette.hurst@nhs.net)

Quality Improvement Leads: Kathy Collins (k.collins5@nhs.net) Caroline Flynn (caroline.flynn4@nhs.net)

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Domain 4 – Ensuring that people have a positive experience of care End of life care services to be designed around the patient enabling them to identify their preferences and wishes at end of life and for those wishes to be met regardless of disease, condition or place of care	Implementation plan for roll out of Electronic Palliative Co-Ordinating Systems(EPaCCS)

Roll out of the national transforming hospitals route to success programme across all hospitals

Programme to roll out Advance Care Planning (AdCP) and Anticipatory Care Planning (ACP) | 2014-15

2014-15

2014-15 | Electronic Palliative Care Co-ordinating Systems (EPaCCS) in place across all geographical areas within the network

Metrics measuring introduction of key enablers
- Number of patients expected to die having an end of life care plan
- Having a rapid discharge home to die policy
- Use of AMBER care bundle in those patients with uncertain recovery

ONS Death in Usual Place of Residence (DiUPR)reported quarterly by CCG

Metrics measuring increased number of AdCP and ACP recorded within CCGs | *National End of Life Care Strategy 2008*

NHSIQ Strategic Priorities 2014/15

NHS England Business plan 13/14-15/16 F3 117

Leadership Alliance for Care of Dying People (LADP) clinical outcomes

NHSIQ Strategic Priorities 2013/14

NHS England Business plan 13/14-15/16 D3 62 |

Carers of people at end of life to have their needs recognised and supported	Carers of patients identified as being in the last year of life to be offered a formal carer assessment	2014-15	Metrics measuring increased number of carer assessments undertaken within CCG	*National End of Life Care Strategy 2008* *NHS England Business plan 13/14-15/16 G3 119*
Domain 4 – Ensuring that people have a positive experience of care Patients and those who care for them to have a positive experience at end of life	End of life care programme which encompasses AdCP, ACP, Transform programme, uDNACPR, EPaCCS	2014-15	Year on year increased satisfaction recorded through National VOICES survey for patients being treated with dignity & respect by doctors and nurses in all care settings; having pain controlled and dying in their preferred place of choice	*National VOICES survey* *NHS Outcomes Framework*
Domain 2 – Enhancing quality of life for people with long-term conditions Raise awareness of and enable conversations around death and dying with the public and professionals in health and social care	A programme of community engagement to raise awareness of death and dying	2014-15	Informed locality work plans which identify activities to support local community engagement	*National End of Life Care Strategy 2008*
Domain 4 – Ensuring that people have a positive experience of care Equitable access to end of life care services guided by best practise, audit research and evaluation	Annual programme of audit to update standards and guidelines for use in palliative and end of life care across the network	2014-15	Unit compliance with Edition 5 Standards and Guidelines NICE accredited by March 2015	*NHS England Business Plan 13/14-15/16 E3 75*
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm Patients and the people who care for them to be supported by a confident capable workforce	Deliver programme of education in line with MPET priorities	2014-15	Take up rates & participant evaluation education & training programme	*Leadership Alliance for Care of Dying People (LADP) clinical outcomes* *HEE Business Plan*
Domain 5 – Treating and caring for people in a safe	Undertake audit in Emergency admissions	2014-15	Year on year reduction in number of emergency	*NHS England Business Plan 13/14-15/16 H3*

environment and protecting them from avoidable harm Support and influence the commissioning of high quality cost effective pathways for end of life care	Audit Preferred place of choice (PPC) at death		admissions in relation to end of life care issues Year on year reduction in PPC compliance	*National End of Life Care Strategy 2008*

Maternity, Children & Young People Work Plan

Clinical Leads: Mr David Rowlands (Maternity); Dr Caroline Sanders (Children & Young People [CYP])

Network Manager: Bernadette Hurst (bernadette.hurst@nhs.net)

Quality Improvement Leads: Hannah Hague (h.hague@nhs.net) Laura Jackson (laura.jackson14@nhs.net)

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Domain 1: Preventing people from dying prematurely MATERNITY: Reducing Still Births	Improved detection of small for gestational age (SGA) Exploration of Family Nurse Partnership model for all vulnerable women Establish a process to reduce term-intrapartum still births Review existing material / information for both staff & women re: smoking/drug/alcohol service Education of pregnant women on the importance of fetal movement	2014-16	All pregnant women assessed for a SGA fetus to identify those at high risk Implementation of the RCOG's green top guideline for the investigation and management of SGA across Cheshire and Merseyside Year on year improved experiences reported through Friends and Family test for maternity services Improved experience reported through the CQC Maternity Survey (every three years) Term intrapartum still births reduced by 50% in Cheshire and Merseyside Review undertaken and recommendations made regarding provision and take-up of lifestyle advice	*Maternity Services in England House of Commons Committee of Public Accounts, January 2014* *Maternity Services in England National Audit Office, November 2013* *The Investigation and Management of the Small-for-Gestational-Age Fetus Green Top Guideline No31, Royal College of Obstetrics and Gynaecology, March 2013* *Preventing Babies' Deaths: What needs to be done Stillbirth and Neonatal Death Charity (SANDS) 2012* *Saving Babies' Lives Stillbirth and Neonatal Death Charity (SANDS)*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
			Customised growth charts implemented across all Units

Consistent fetal movement policy across Cheshire and Merseyside | 2009

NHS England Priorities for Maternity Services Dr Catherine Calderwood, National Clinical Director Maternity and Women's Health, September 2013 Giving all children a healthy start in life Department of Health, March 2013

DH NHS Outcomes Framework 2014-15: Domains 1,4,5

Public Health Outcomes Framework 2013-2016: Domains 4

Everyone Counts: Planning for Patients 2014/15-2018/19 Page 8: Specific ambitions 3,5,6,7

CCG Strategic Priority for: Knowsley |
| *Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm* MATERNITY: Optimising the management of acute and chronic conditions in pregnancy | Investigate existing pre-pregnancy pathways for women with known long term conditions

Investigate existing pregnancy pathways for women who have long term conditions identified during pregnancy | 2014-16 | Established pathways of care in use for chronic illnesses such as diabetes, chronic kidney disease, cystic fibrosis, Hepatitis B

Appropriate pathway developed for health professions to follow when acutely unwell pregnant women present/admitted to a | *NHS England Priorities for Maternity Services Dr Catherine Calderwood, National Clinical Director Maternity and Women's Health, September 2013*

Giving all children a healthy start in life |

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
	Identify and share good practice locally, nationally and internationally Develop pathways for high risk and acutely ill women around the time of delivery who present/admitted to a hospital with no on-site obstetric support		hospital with no on-site obstetric support	*Department of Health, March 2013* *DH NHS Outcomes Framework 2014-15: Domains 1,2,3,4,5 Public Health Outcomes Framework 2013-2016: Domains 2,4* *Everyone Counts: Planning for Patients 2014/15-2018/19 Page 8: Specific ambitions 1,2,3,5,6,7*
Domain 4 – Ensuring that people have a positive experience of care MATERNITY: Reducing pre-term deliveries – optimising management	Identify and map the evidence of the significant risk factors resulting in preterm birth. Explore the most likely interventions for minimising preterm births Identify and share good practice locally, nationally and internationally	2014-16	Standardisation of screening tests for cervical length and fetal fibronectin across Cheshire and Merseyside Standardisation of specialist pre-term clinics for at risk mothers Standardisation of process for in utero transfer for women at risk of pre-term labour	*Maternity Services in England House of Commons Committee of Public Accounts, January 2014* *Maternity Services in England National Audit Office, November 2013* *NHS England Priorities for Maternity Services Dr Catherine Calderwood, National Clinical Director Maternity and Women's Health, September 2013* *Giving all children a healthy start in life Department of Health, March 2013*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
				High Quality Women's Healthcare: A proposal for change Royal College of Obstetricians and Gynaecologists 2011 *DH NHS Outcomes Framework 2014-15:* *Public Health Outcomes Framework 2013-2016:* *Everyone Counts: Planning for Patients 2014/15-2018/19* *CCG Strategic Priority for: Knowsley*
Domain 4 – Ensuring that people have a positive experience of care MATERNITY: Improve maternal mental health	Identify and map pathways for antenatal depression, perinatal depression and postnatal depression Identify and share good practice locally, nationally and internationally	2014-16	Established pathways of care for antenatal depression, perinatal depression and postnatal depression	*Closing the Gap: Priorities for essential change in mental health*(Priorities 12,16,19,25), Department of Health 2014 *Giving all children a healthy start in life* Department of Health, March 2013 *NHS England Priorities for Maternity Services* Dr Catherine Calderwood, National Clinical Director Maternity and Women's Health, September 2013

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
				High Quality Women's Healthcare: A proposal for change Royal College of *Obstetricians and Gynaecologists 2011* *Antenatal and postnatal mental health* NICE Clinical Guidance 45, 2007 DH NHS Outcomes Framework 2014-15: Public Health Outcomes Framework 2013-2016: Everyone Counts: Planning for Patients 2014/15-2018/19 *Health and Wellbeing Board Strategic Priority for:* Liverpool *CCG Strategic Priority for:* Wirral
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm MATERNITY: Supporting commissioners to reduce variation and improve outcomes in maternity services across Cheshire	Data analysis of outcomes against 11 RCOG indicators Development of strategy for the provision of maternity services in Cheshire and Merseyside	2014-16	Year on year improvement in the RCOG indictors Implementation of the strategy for provision of maternity services	*Maternity Services in England* House of Commons Committee of Public Accounts, January 2014 *State of Maternity Services Report* 2013 Royal College of Midwives

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
and Merseyside				*Reconfiguration of Women's Services in the UK* Good Practice No. 15, Royal College of Obstetricians and Gynaecologists, Dec 2013 *National Findings from the 2013 Survey of Women's Experiences of Maternity Care* CQC, Dec 2013 *Maternity Services in England* National Audit Office, November 2013 *Patterns of Maternity Care in English NHS Hospitals 2011/12* Royal College of Obstetricians and Gynaecologists published 2013 *High Quality Women's Healthcare: A proposal for change* Royal College of *Obstetricians and Gynaecologists 2011* *Maternity Matters* Department of Health April 2007
Domain 4 – Ensuring that people have a positive experience of care CHILDREN AND YOUNG PEOPLE:	Explore models of multi-agency working for early detection and intervention Review pathways for Tier 1 to Tier	2014-16	Influence the Joint Health and Wellbeing Strategies of Health and Wellbeing Boards within Cheshire and Merseyside	*Closing the Gap: Priorities for essential change in mental health* (Priorities 6,10,12-15,17,18,25), Department of Health

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Improve the mental health and wellbeing of CYP	4 CAMHS service across Cheshire and Merseyside Identify and map current provision of the Paediatric IAPT programme. Identify and share areas of good practice locally, nationally and internationally Review current pathways for transition from paediatric to adult mental health services		Year on year improved experience reported through the Friends and Family Test Consistent pathways for CAMHS Tiers 1-4 across Cheshire and Merseyside Established pathway for transition from paediatric services to adult mental health services across Cheshire and Merseyside	2014 *Overlooked and Forgotten* Childrens and Young People's Mental Health Coalition 2013 *No health without mental health: A cross government outcomes strategy for people of all ages* HM Government 2011 *Our Children Deserve Better: Prevention Pays* Chief Medical Officers Annual Report 2012 (Recommendation 21) NHS England: Priorities for Children, Young People & Families in the SCNs, Dr Jackie Cornish, National Clinical Director, Children, Young People and Transition to Adulthood (July 2013) Report of the Children and Young Peoples Health Outcome Forum 2012 DH NHS Outcomes Framework 2014-15: Domains 1,2,4,5

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
				Public Health Outcomes Framework 2013-2016: Domains 1,2,4

Everyone Counts: Planning for Patients 2014/15-2018/19 Page 8: Specific ambitions 1,2,3,5,6,7

Health and Wellbeing Board Strategic Priority for: East Cheshire, South Cheshire, Knowsley, Southport and Formby, Sefton, St Helens,

CCG Strategic Priority for: Halton, Knowsley, Liverpool, Southport and Formby, Sefton, Wirral

Knowsley Childrens and Families Plan (Knowsley Council)

Merseyside Area Team Business Plan

North West Specialised Commissioning Plan on a Page 2013-14 |
| *Domain 2 – Enhancing quality of life for people with long-term conditions* CHILDREN AND YOUNG PEOPLE: | Review current transition pathways into adult services for CYP with long term conditions

Identify and share areas of good | 2014-16 | Established pathways for transition from paediatric services to adult

Year on year improved reported | *Our Children Deserve Better: Prevention Pays Chief Medical Officers Annual Report 2012 (Recommendations 1, 10* |

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Optimising the management of CYP with long term conditions and their transition to adult services	practice locally, nationally and internationally Develop a process to allow measurement of CYP and family experience		CYP and family experience	*& 22)* *NHS England: Priorities for Children, Young People & Families in the SCNs, Dr Jackie Cornish, National Clinical Director, Children, Young People and Transition to Adulthood (July 2013)* *Report of the Children and Young Peoples Health Outcome Forum 2012* *DH NHS Outcomes Framework 2014-15:* *Public Health Outcomes Framework 2013-2016:* *Everyone Counts: Planning for Patients 2014/15-2018/19* *Health and Wellbeing Board Strategic Priority for: Knowsley, St Helens, Southport and Formby, Sefton* *CCG Strategic Priority for: East Cheshire, South Cheshire, Vale Royal, West Cheshire, Southport and Formby, Sefton, Warrington, Wirral*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
				Halton Childrens Trust Board (Halton Borough Council) *Liverpool Childrens Trust Board (Liverpool City Council)* *Knowsley Childrens and Families Plan (Knowsley Council)* *Warrington Children and Families Services/Plan (Warrington Council)* *Merseyside Area Team Business Plan 2013-14*
Domain 3: Helping people to recover from episodes of ill health or following injury CHILDREN AND YOUNG PEOPLE: Reduce avoidable A&E attendances	Influence primary care education, training and CPD to enhance focus on paediatrics Map current service provision and patient activity Identify information needs of parents and carers regarding available options to receive advice and support Develop a process to allow measurement of CYP and family experience	2014-16	General clinical training and CPD to have greater focus on paediatrics Influence the commissioning intentions of CCGs Reduced avoidable hospital admissions year on year Year on year improved reported CYP and family experience	*Our Children Deserve Better: Prevention Pays Chief Medical Officers Annual Report 2012 (Recommendations 11-13)* *NHS England: Priorities for Children, Young People & Families in the SCNs, Dr Jackie Cornish, National Clinical Director, Children, Young People and Transition to Adulthood (July 2013)* *Report of the Children and Young Peoples Health Outcome Forum 2012*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
				DH NHS Outcomes Framework 2014-15: *Public Health Outcomes Framework 2013-2016:* *Everyone Counts: Planning for Patients 2014/15-2018/19* *Health and Wellbeing Board Strategic Priority for: Knowsley, Warrington* *CCG Strategic Priority for: East Cheshire, South Cheshire, Halton, Knowsley, Liverpool, Southport and Formby, Sefton, St Helens, Vale Royal, West Cheshire, Wirral* *Merseyside Area Team Business Plan 2013-14* *Cheshire East Children's Trust Early Years and Youth Strategy Priorities 2012-13*
Domain 2 – Enhancing quality of life for people with long-term conditions CHILDREN AND YOUNG PEOPLE: Improving paediatric	Identify and map current multi-agency pathways from diagnosis to transition for CYP with Autistic Spectrum Disorder (ASD) Review existing Parent Support	2014-16	Establish a common multi-agency pathway for CYP with ASD Influence commissioners and Health and Wellbeing Boards to consider Parent Support	*Children and Families Bill 2013* *Report of the Children and Young Peoples Health Outcome Forum 2012*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
community services	Programmes for CYP aged 11-15 years with ASD Develop a process to allow measurement of CYP and family experience		Programmes for CYP aged 11-15 years with ASD Year on year improved reported CYP and family experience	*Everyone Counts: Planning for Patients 2014/15-2018/19* *DH NHS Outcomes Framework 2014-15:* *Public Health Outcomes Framework 2013-16:* *Health and Wellbeing Board Strategic Priority for: East Cheshire, South Cheshire, Halton, Liverpool, Warrington, Wirral* *CCG Strategic Priority for: East Cheshire, South Cheshire, Halton, Knowsley, Sefton, Southport and Formby, St Helens, West Cheshire, Vale Royal, Wirral,* *Liverpool Childrens Trust Board Priorities (Liverpool City Council)* *Warrington Childrens and Young Peoples Services (Warrington Borough Council)* *Wirral Childrens and Young Peoples Plan*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
				(Wirral Borough Council) *Learning Disabilities and Autism: A health needs assessment for children and adults in Merseyside and North Cheshire, Liverpool Public Health Observatory, Sept 2013*

Mental Health, Dementia & Neurological Conditions Work Plan

Clinical Leads: Dr David Fearnley (Mental Health); Dr Peter Arthur (Dementia); Dr Nick Fletcher (Neurological Conditions)

Network Manager: William Greenwood (william.greenwood@nhs.net)

Quality Improvement Leads: Elaine Owen (elaine.owen1@nhs.net) Michelle Timoney (michelle.timoney@nhs.net)
Mary Jordan (mary.jordan7@nhs.net)

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
Domain 1: Prevent premature death To manage acute crisis mental health episodes in a timely responsive manner that meets the needs of the service users and their carers and families	We will build an integrated 24/7 emergency Mental Health pathway using the most appropriate best practice model(s)for the population e.g Triangle Model of Care,range of ways to contact 24/7 crisis service for service user and carer e.g. by text, online, phone, /Mental Health /Police triage pilot, Rapid Access Interface Discharge model We will work with A&E providers to ensure all services have adequate communication links to secondary mental health services and the ability to share and cross match patient specific information at the point of contact/crisis We will deliver a range of signposting options for service user and carers e.g navigators,peer support,access to crisis houses	2014/2016	Metrics measurement in development including: • % reduction on admission(subject to Mental Health Act Section 136) • 95% of service users in should be admitted ,transferred, or discharged within 48 hours of arrival in A&E a&E • Waiting times for crisis care should be within 4 hours • % reduction in admisions gate-kept by crisis teams • 100% reduction in suicides • Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period – 95%	*(Department of Health(Jan 2014) Closing the Gap: Priorities for essential change in mental health Increasing access to mental health services* *No health without mental health 2011* *Mental Health Crisis Concordat Feb 2014* *Everyone counts planning for patients 2014/14-2018/2019* *DH NHS Outcomes Framework 2014/2015* *Call to Action Parity of esteem Programme 2013* *DH The Mandate April 2014-March 2015 3,*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
	We will ensure all the deliverables are based on feedback from service users and carers and recognise the importance of meeting physical and mental health needs		QOF - MH08 - The practice can produce a register of people with schizophrenia, bipolar disorder and other psychoses QOF - MH07 - Patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance: QOF - MH09 - Patients with schizophrenia, bipolar affective disorder and other psychoses with a review recorded in the preceding 15 months. In the review there should be evidence that the patient has been offered routine health promotion and prevention advice appropriate to their age, gender and health status	*obj4.obj4c.obj4.9-positive experience of care* *Public Health Outcomes Framework England 2013-2016 outcomes 1,2* *CQC(2013)A fresh start for the regulation and inspection of mental health services*
Domain 2: Quality of life for patients with long term conditions Mental Health: To build an integrated depression pathway	We will build a person centred integrated 24/7 pathway from mild thorough to suicidal thoughts for service user and carer population with clear measurable beneficial qualitative and quantitative outcomes that treats mental disorders on a par with physical disorders, using the most	2014/15	Online Depression network established that uses social media, e-learning and innovative technology and aligns with other services- on line or face to face evaluation tools devised with service users and carers Identifying the prevalence of	*Department of Health(Jan 2014) Closing the Gap: Priorities for essential change in mental health Integrating physical and mental health care* *DH The Mandate April 2014-March 2015*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
	appropriate best practice model(s) for the population		depression compared to estimated model 24/7 crisis support/access other than A&E e.g. Glasgow Steps, Buddy support	*NICE Guidance on depression CG90,CG91 Oct 2009* *Everyone counts planning for patients 2014/14-2018/2019*
	We will improve access and recovery rate for psychological therapies .	2014-2015	Achieve access to IAPT for 15% of the CCG below that level and deliver recovery rates of at least 50%. Additionally locally set improvement for those over 15%or near 15% Reduce number of patients waiting>28days for IAPT (%)	*Call to Action Parity of esteem Programme 2013* *Public Health Outcomes Framework England 2013-2016* *Better Care Funding integration*
	We will work with the third sector as a provider navigators to support service user and carer	2014-2016	Freedom to self-refer -face time therapy	*CQC(2013)A fresh start for the regulation and inspection of mental health services*
	We will use social prescribing models with GPs to support service users and carers	2014-2015	Five ways to well-being and Time to change campaigns	*HM Gov Preventing suicide in England: one year on. First annual report on the cross-government outcomes strategy to save lives(Jan 2104)*
	We will develop a Cheshire and Merseyside Suicide prevention approach with service users,carers based on Coffey work *of Perfect Depression Care*	2014/2016	100% reduction in suicides measured	

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
	We will support CCGs to undertake the NHS England GP Mental Health Commissioning Leadership Programme that ensures parity of esteem is addressed	2014-2016	100% CCG Mental Health Clinical Leads complete programme Improvement to be locally set and no less than 3.2% CCGs should focus on improving in areas of deprivation in developing their plans for reducing mortality for mental health service users	*NHS Engalnd GP Mental Health Commissioning Leadership Progranmme(2012/13,2013/14*
Domain 4: Ensure positive experience of care	We will raise awareness based on a gap analysis review and recognition of current best practice	2014/2015	Metric measurement in development : People with learning disabilities	*(Department of Health (Jan 2014) Closing the Gap:Priorites for essential*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
To work with people with learning disabilities to enable them to access mental health services and have their needs met at the right time, in the right place and the right care	models for education and training		should expect and receive the same care and access to health and social services through professionals ensuring it is everybody's business, one person at a time, adapting ordinary services rather than creating specialist service Reasonable adjustments and the ability for organisations to work together on a single pathway collaborating with CCGs and Area Team current work plans	*change in mental health Improving the quality of life of people with mental health problems* *Learning Disabilities Census Report England Sep 2013* *Confidential inquiry into premature deaths of people with learning disabilities Winterbourne progress Report 2013* *DH Transforming care: A national response to Winterbourne View Hospital Dec 2012* *Call to Action Parity of esteem Programme 2013* *DH The Mandate April 2014-March 2015* *Public Health Outcomes Framework England 2013-2016 outcomes* *DH Delivering high quality, effective, compassionate care :Developing the right people with the right skills and the right values(2013)*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
				CQC(2013)A fresh start for the regulation and inspection of mental health services *Learning disabilities QOF Register*
Domain 4: Ensure positive experience of care Dementia: To deliver timely diagnosis and post diagnostic support in an appropriate setting	We will increase the diagnosis rate to 67% We will provide post diagnostic support for all patients and carers, (irrespective of type of dementia) We will site diagnostic services in both primary and secondary care We will work with the 3rd sector to provide post diagnostic support for MCI	Dec 2015 2015-16 2016	• National Ambition 67% diagnosis rate achieved • CQUIN for diagnosing, assessing and treating Dementia • Increased diagnosis recording on QOF registers • Friends and Family Test CQUIN - specific actions to help improve low scores. • Personal Health Budgets • Diagnosis carried out in primary and secondary care (Gnossall model) • Improvements in reported patient and carer experience. • QOF - DEM02 - Patients diagnosed with dementia whose care has been reviewed in the previous 15 month:	*Living Well with Dementia: A National Dementia Strategy Department of Health (2009) Objectives: 2,3,4,5,6* *NICE Quality Standards for Dementia (2009)* *Everyone counts planning for patients 2014/14-2018/2019 Ambitions: 2,* *DH NHS Outcomes Framework 2014/2015: Domain 2* *Call to Action Parity of esteem Programme 2013* *Dementia 2012: A National Challenge Department of Health and The Alzheimer's Society (2012)*
Domain 3: Help recover from ill health /injury Dementia: To reduce crisis events	We will implement the role of care navigator who will signpost and support patients and carers, to avert crises, prevent unnecessary	2015	Metric measurement in development to: • Reduce the number of crisis events	*Living Well with Dementia: A National Dementia Strategy Department of Health (2009)*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
	hospital admissions and facilitate timely hospital discharge		• Reducing the number of inappropriate admissions to hospital through more integrated care in the community (Gnossall model) • Improved discharge from hospital to home, community care or care home • Increasing the proportion of dementia people with dementia living independently at home • Improved reported patient and carer experience CQUIN • 24/7 Pathway to deliver best practice crisis care for service user and carer evidenced • Improvements in reported patient and carer experience.	*Objectives: 8,9,* *No Health Without Mental Health (2012)* *Everyone counts: Planning for patients 2014/14-2018/2019 Ambitions: 2,3,4,5,6,* *DH NHS Outcomes Framework 2014/2015. Domain 2* *Call to Action Parity of esteem Programme 2013* *Dementia 2012: A National Challenge Department of Health and The Alzheimer's Society (2012)* *Outcome: 2,*
Domain 5: Care delivered in a safe environment To ensure a standardised and transferable programme of education and training for all staff working with patients with dementia, whilst raising awareness of dementia with the general public	We will work with education providers, LETBs to support development and implementation of an education and training programme based on national occupational standards that can be delivered at all levels of the career framework and in all care settings Every secondary, tertiary and specialist trust to have trained dementia friends champions delivering dementia friends awareness sessions to all staff		• All hospital Trusts have trained Dementia Friends Champions who hold regular dementia friends awareness sessions • An education and training programme based on NOS at all levels of the career framework • Staff training is included in the CCG commissioning process for care homes • Dementia friendly communities and dementia action alliances are	*Living Well with Dementia: A National Dementia Strategy Department of Health (2009)* *Objectives:1,13* *Everyone counts planning for patients 2014/14-2018/2019* *DH NHS Outcomes Framework 2014/2015.* *Call to Action Parity of esteem Programme 2013*

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
	To roll out dementia friends awareness sessions to care homes and primary care To work with public health to raise public awareness of dementia, prevention & management To work with the Alzheimer's Society to create dementia friendly communities and dementia action alliances		established to ensure that social networks are maintained and raise public awareness of dementia in terms of prevention and management	*Health Education England (HEE) Mandate (2013)* *Dementia 2012: A National Challenge Department of Health and The Alzheimer's Society (2012)*
Neurological Conditions: Improve the management and experience of people with neurological conditions	Review and improve emergency and acute neurology pathways, including seizures and acute headaches: • Confirm pathways • Ensure comprehensive and long term approach to education • Work with commissioners to align planning for improved outcomes, and explore opportunities to collaborate on research • Evaluate impact • Engage patients and the public in this work	2014-16	Metrics measurement in development including • Reduced avoidable admissions • Reduced length of stay • Improved consistency in clinical practice and to pathways, evidenced by audit • Improved seizure control • Evidence of improved experience for patients	*NHS outcomes framework 2014/2015* *NASH 1 and 2* *NSF for long term conditions* *Everyone counts 2014/15 – 2018/19 ambitions*

Senate Plan

Interim Senate Chair: Martin Lombard

Senate Manager: Jan Vaughan

Aims/objectives	Deliverables	Timescale	Measures of success	Strategic context
To establish an inclusive, transparent decision making framework for the Clinical Senate	Senate Assembly, Council and Chair in place	2014	Agreed governance and accountability framework	*The Way Forward: Clinical Senates (January 2013)*
Strong and effective clinical leadership of the Senate which supports wide clinical engagement and commitment	Delivered through agreed organisational development programme	2014	Senate membership engaged and committed to the programme	
Take on work of the former National Clinical Advisory Trust (NCAT) in association with national lead for Senate development. Must include learning from former processes developed by NCAT and also agreed way forward for Senates to take on this business.	Operational system and process in place	2014	Measured through the ability to respond to the system	
Effective mechanisms in place to ensure meaningful communication with all stakeholders and partners	Develop a communication and stakeholder engagement strategy	2014		

Ensure that patient and public voice is embedded in strategic decision making process	PPI strategy	2014	Measured via PPI self-assessment tool	