

East Midlands Clinical Networks and East Midlands Clinical Senate 2016/17 Business Plan



Introduction

We are pleased to introduce our summary business plan for 2016/17. NHS England's Leadership and Improvement review concluded in January 2016 and identified a clear need for Clinical Networks and Clinical Senates moving forward in providing independent clinical advice, facilitating clinical engagement, identifying variation and supporting service improvement. The work of the networks and senate is particularly relevant at a time when health systems are working together to ensure clear definition and delivery of sustainability and transformation plans as well as retaining a clear focus on delivery of constitutional standards and high quality efficient and effective services. Our business plan has been developed in response to the full range of national improvement priorities, as they relate to the Clinical Networks' core mandated areas, and with consideration to where the most value can be added to our core stakeholders (NHS England commissioners, providers, voluntary sector and patients / public). NHS England commitments which we will help support our local health communities with include:

- 75% of people with common mental health conditions to access psychological therapies within six weeks of referral and 95% within 18 weeks.
- 50% of people experiencing first episode of psychosis to commence a package of NICE-recommended care within two weeks of referral.
- Supporting the establishment of cancer alliances
- Meeting the 62 day waiting times standard for cancer
- Supporting implementation of the national maternity review
- Supporting the implementation of optimal diabetes pathways, including delivery of the National Diabetes Prevention Plan

In addition a number of local priorities have been identified including some pre-commitments and transitional arrangements from 2015/16. This includes a focus on improvement in respiratory, end of life and diagnostic services.

A detailed resource analysis underpins the business plan; it is confirmed that the plan is deliverable within the core running and programme budget allocations, with local priorities funded through local NHS England programme resources, Health Education England or confirmed charitable funds.

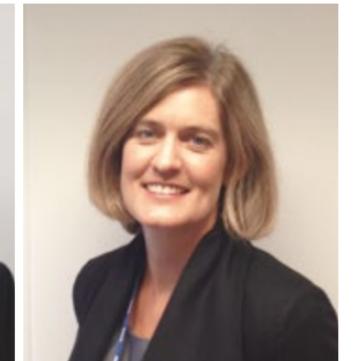
2016/17 will see the introduction of the CCG Improvement and Assessment Framework and alongside the specific work programmes the networks will provide clinical advice and leadership into this process. We also look forward to working with the Sustainability and Transformation plan footprints to support the development and implementation of their plans.

We are committed to delivering the programmes set out in the business plan, however, we will continue to review and refresh our activities and resources recognising our ever changing environment

If you would like to read about our previous business plan and achievements during 2015/16 the annual report can be accessed [here](#).



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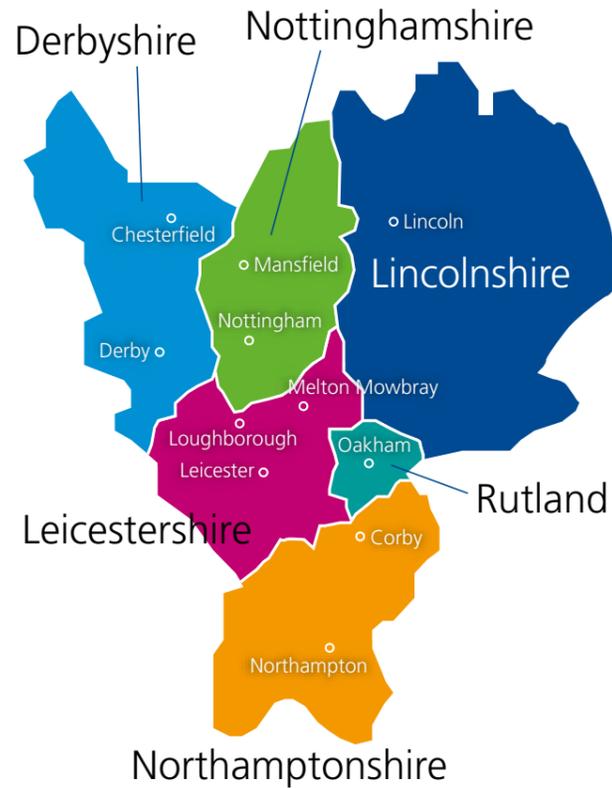
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Purpose of Clinical Networks and Clinical Senate

The East Midlands Clinical Networks and Clinical Senate cover a population of over 4.5 million in Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland.



East Midlands Clinical Networks support health systems to improve health outcomes of their local communities by connecting commissioners, providers, professionals, patients and the public across pathways of care to share best practice and innovation, measure and benchmark quality and outcomes, and drive improvement. The Clinical Networks can support health systems by:

- **Enabling clinical and patient engagement:** informing commissioning decisions
- **Defining and driving quality improvement:** operating across complex pathways of care
- **Co-ordinating and supporting commissioners and providers:** reducing unwarranted variation, improving cohesion and ensuring sustainable services within a single pathway of care for staff and patients, both now and in the future

Our focus for 2016/17 is on the national mandated priorities of cancer, maternity, including children's mental health and wellbeing, mental health and dementia, improvements in the urgent care elements of cardiovascular pathways and diabetes. Local priorities priority programmes that will continue in 2016/17 include respiratory, end of life and diagnostic services.

The East Midlands Clinical Senate maintains a regional work programme which is not included in this plan. The Clinical Senate can support health systems by:

- **Providing clinical advice,** act as an honest broker, and if required, undertake reviews to areas where there may be lack of consensus in the local health system
- **Providing independent clinical advice to commissioners:** Focusing on major service change programmes, to inform the NHS England service change assurance process
- **Improving outcomes and value:** Working with you to identify aspects of health care where there is potential to improve outcomes and value. Provide proactive advice about the areas for inquiry or collaboration, and the areas for further analysis of current evidence and practice

Further information and contact details can be accessed [here](#).

Partnership working

Partnerships are fundamental to all the work we do. One of our main strengths is bringing together collective action by clinical staff, commissioners, patients and the public from a variety of sectors.

Collaborative national working

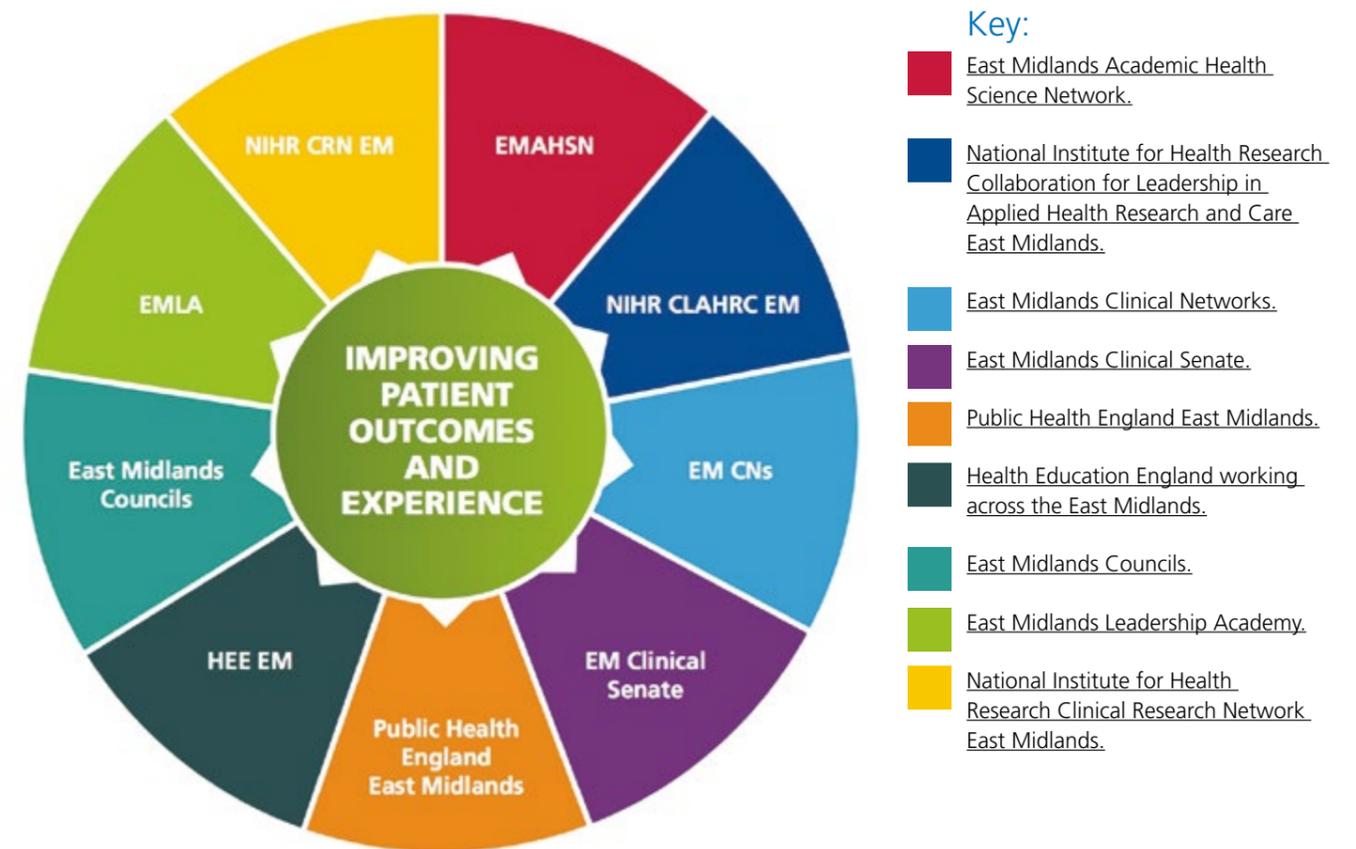
We work nationally with other clinical networks and clinical senates to ensure that knowledge is shared and consistent approaches are taken. Our Associate Director and Clinical Senate Manager are chairs of their respective national groups. We work closely with the National Clinical Directors through our networks and are pleased that our locally based national clinical directors are an active part of our clinical leadership team.

Links across local commissioning

We work with colleagues in NHS England, specialised commissioning, local authorities, and clinical commissioning groups to support commissioning decision making through providing expert clinical advice.

Partnerships across the region

Within the East Midlands there are a number of health organisations with the same region-wide footprint. Whilst our remits are different we share a collective aim: to serve the East Midlands' 4.5 million residents, improving health outcomes for patients and the public. Our formal partnership agreement reinforces this commitment, and we are committed to collaborating to explore all opportunities to share resources, develop joint projects, and reduce the risk of duplication. The partnership wheel shows these partners: in order to achieve best value for money and maximum patient benefit, we ensure our priorities complement, but do not overlap, those of others. To find out more information about each of our roles and remits, www.emwheel.org





Mental Health and Dementia Programme

Dr Girish Kunigiri and Dr Richard Prettyman – Clinical Directors



What will the network do?

Alongside the commitments in the Five Year Forward View and the subsequent planning guidance 'Delivering the Forward View', the report from the Independent Mental Health Taskforce to NHS England in 2016 highlighted the opportunities for improvement across mental health services.

We will continue to focus on dementia and drive the improvement in dementia diagnosis waits alongside supporting

commissioners to improve waiting times. We will continue our work in Improving Access to Psychological Therapies (IAPT) services through a clinical leadership training programme.

Emerging programmes include Early Intervention in Psychosis (EIP) to support commissioners and providers to achieve the national standards through baselining current provision, supporting training of mental health

clinicians and GPs and providing advice and commissioning guidance to commissioners.

We are going to continue to support the drive towards parity of esteem through supporting innovation projects, helping commissioners and advisors to understand variation and showcasing national and local good practice.

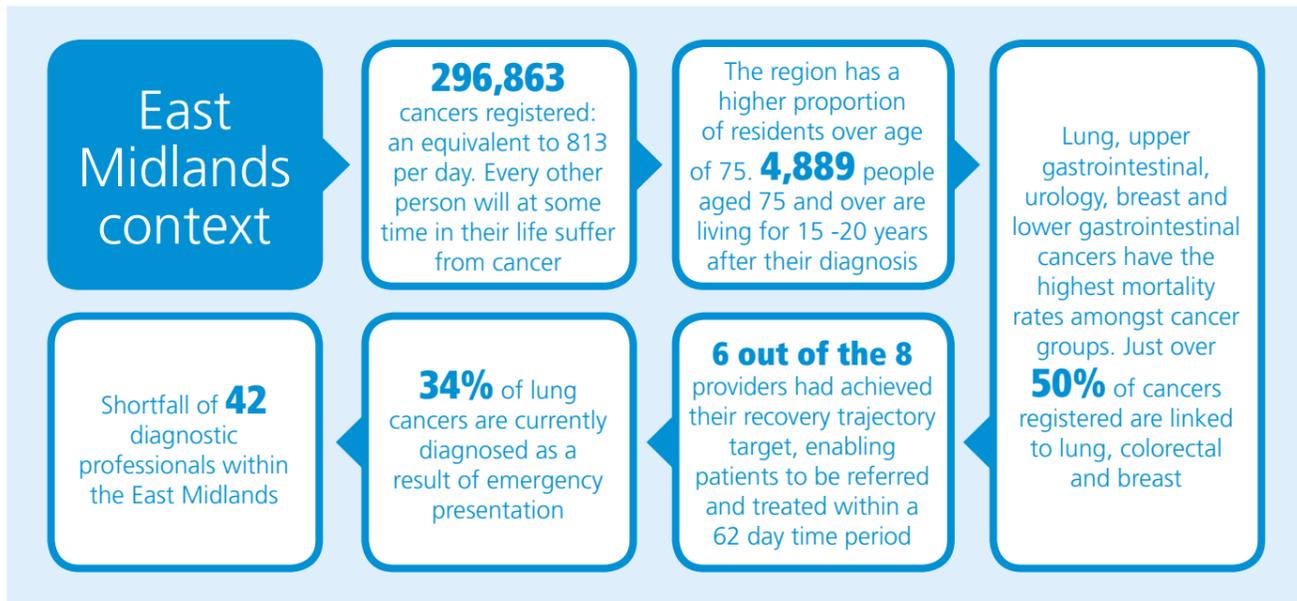
2016/17 Mental Health Programmes Summary		
Objectives	Deliverables	Expected Impact
<p>Dementia</p> <ul style="list-style-type: none"> To drive improvement in dementia diagnosis rates To work with commissioners to improve wait times for initial diagnosis of dementia To improve crisis care for people with dementia 	<ul style="list-style-type: none"> Roll-out case-finding tool for use in nursing and residential care homes to further CCGs Undertake baseline assessment of memory assessment services current waiting times and shortfalls with analysis against national standards Through dementia task and finish group conduct focus groups for carers to map experiences and inform dementia action plans 	<ul style="list-style-type: none"> Patients identified and referred to appropriate evidence based pathways of care Improved understanding of future demand to inform commissioning decisions Delivery of post diagnostic care in line with NICE Quality standards Patients are supported to maintain independence and avoid hospital admissions but receive crisis care when needed

Objectives	Deliverables	Expected Impact
<p>Improving Access to Psychological Therapies</p> <ul style="list-style-type: none"> Improve provision of IAPT services through high quality training for commissioners and providers 	<ul style="list-style-type: none"> Develop clinical leadership for IAPT service improvement across Midlands and East with University of Nottingham Engage underperforming CCGs in the East Midlands to access clinical leadership programme for IAPT service leads Identify commissioning needs and develop a standard commissioning specification 	<ul style="list-style-type: none"> Improved consistency of outcomes across the East Midlands with reduced variation in access, waiting times and recovery in accordance with NHS Mandate and planning guidance Clinical leadership enhanced to optimise workforce models by providers
<p>Early Intervention in Psychosis</p> <ul style="list-style-type: none"> To achieve national standard for Early Intervention in Psychosis in line with NICE standards 	<ul style="list-style-type: none"> Establish regional multi agency network group Undertake provider survey and mapping to establish current baseline Commission ARMS (at risk mental state), referral and physical health training for EIP clinicians Facilitate training and upskilling of GPs Develop advice and guidance to support commissioning of EIP services 	<ul style="list-style-type: none"> Improved access to EIP services for people with first onset psychosis Support coordination and integration of services through improved care pathways and service specification Improved monitoring of physical health care needs Achievement of mandatory training requirements for EIP clinicians
<p>Parity of Esteem</p> <ul style="list-style-type: none"> To reduce disparities in health outcomes for people with severe mental illness (SMI) 	<ul style="list-style-type: none"> Disseminate CCG parity of esteem infographic identifying variation and opportunity Support parity of esteem innovation projects Deliver regional conference to showcase local good practice and national guidance Establish regular learning exchange events Support final evaluation, embedding and roll out of best practice innovation projects 	<ul style="list-style-type: none"> Service provision and delivery meets core national best practice indicators New models of working will have been tested within five health communities with specific objective of improving health outcomes for people with SMI Impact of new models defined to help frame potential for Academic Health Science Network to support adoption and spread across the East Midlands
<p>Crisis Care and Liaison Mental Health</p> <ul style="list-style-type: none"> To support the improvement of crisis care for all ages so that people will be able to access a 24/7 response equivalent to that for physical needs 	<ul style="list-style-type: none"> Establish regional multi agency network group Undertake provider survey and mapping to establish current baseline Develop service pathways to include response times, assessment and specific interventions 	<ul style="list-style-type: none"> 24/7 liaison mental health services developed for all ages that are compliant with the core 24 standards Improved access to core liaison mental health services for all-ages attending emergency departments with mental health disorders Support coordination and integration of services through improved care pathways and service specification
<p>Mental Health Taskforce Actions</p> <ul style="list-style-type: none"> To improve access to NICE recommended perinatal mental health services (with maternity network) To inform clinically and evaluate new models of care To support the development and evaluation of evidence based pathways that reduce variation 	<ul style="list-style-type: none"> Undertake Tier 1&2 service mapping Develop pathways to include access and waiting times, education & training and standards & quality Clinical support to evaluation of innovation projects Facilitate clinically informed, evidence based, locally sensitive pathways Clinical advice and guidance provided to sustainability and transformation plans 	<ul style="list-style-type: none"> Improved health care outcomes for pregnant/postpartum women with serious mental illness Reduced variation in provision and improved mental health outcomes for the local population New models of care are clinically informed, evaluated with lessons disseminated



Cancer and Diagnostics Programme

Dr Stephen Ryder – Clinical Director



What will the network do?

In 2015 an independent taskforce was established by NHS England to develop a new cancer strategy. The focus for the network will be supporting the local delivery of the 2020 ambitions set out in the Cancer Taskforce Report, supporting the Sustainability and Transformation planning process and also supporting the design and set up of Cancer Alliances. The programmes will look across the pathway of care

starting with primary and secondary prevention and making every contact count in primary care. There will be support for GPs and commissioners to improve early diagnosis and one-year survival rates through education and pathway development and piloting new models in multi diagnostic centres. Diagnostics is key and funding has been sought to deliver a programme focusing on delivering the new

standard for 28 days to diagnosis and once diagnosed ensuring patients are able to access recovery package interventions. We will continue, through the 14 Expert Clinical Advisory Groups, to provide clinical advice particularly in pathway development. We will also continue to support the operational cancer performance by monitoring progress and providing improvement support.

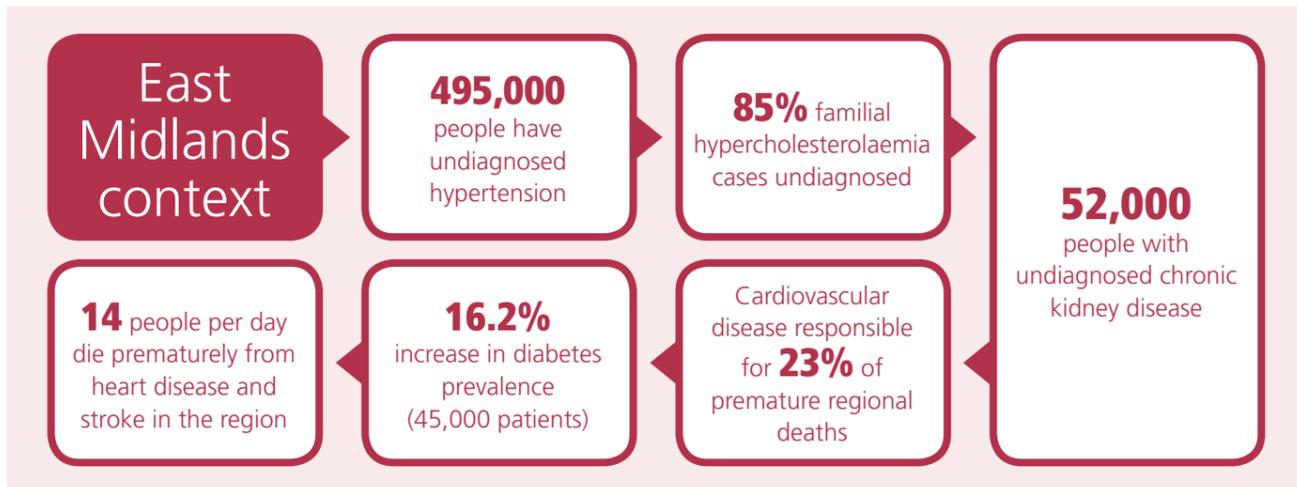
2016/17 Cancer Programmes Summary		
Objectives	Deliverables	Expected Impact
<p>More Cancers Prevented</p> <ul style="list-style-type: none"> To provide clinical advice and expertise to local stakeholders and emerging Cancer Alliance in relation to primary and secondary cancer prevention strategies To embed the concept of teachable moments, in line with the Make Every Contact Count (MECC) approach 	<ul style="list-style-type: none"> Facilitate sharing of best practice and learning Communication plans prepared for Be Clear on Cancer BCOC campaigns to support organisations to prepare for the impact Develop resource pack and roll out of a local pilot Generic BCOC e.g. vague symptoms Secure funding for Priority Network with EMRAD Vanguard or continuation of MDT Royal College of Radiologists standards work with cancer network 	<ul style="list-style-type: none"> East Midlands will have evidence based cancer prevention strategies underpinning STPs and local improvement delivery plans An embedded adaptable and agile workforce in Primary Care to support delivery of the Achieving World Class Outcomes strategy for Cancer 2015

Objectives	Deliverables	Expected Impact
<p>Early Diagnosis</p> <ul style="list-style-type: none"> To support CCGs and GPs to improve early diagnosis and one-year survival rates through GP led training and education, using evidence based timed pathways and the earlier diagnosis of cancer in primary care To pilot new models of care through the development of Multi diagnostic centres or pathways 	<ul style="list-style-type: none"> Develop recommendations for early awareness and diagnosis using audit results Evaluate the impact of the ACE (chemotherapy) Wave 1 to inform future work Develop and deliver metrics to measure impact of Upper Gastrointestinal (UGI) straight to test Ensure routes to diagnosis are embedded into pathways and commissioning plans Work with ACE national team to agree criteria for evaluating projects 	<ul style="list-style-type: none"> Raised awareness within primary care to improve early diagnosis and one-year survival rates Impact of the ACE programme will be understood and able to inform future work The East Midlands make demonstrable improvements against national ambitions as measured by CCG IAF and the Cancer Dashboard
<p>Improved Quality of Life</p> <ul style="list-style-type: none"> Support the development of recovery packages and ensure that end of life or survivor packages are incorporated into pathways 	<ul style="list-style-type: none"> Monitor progress in rolling out the Cancer Recovery Package in all areas Review and undertake gap analysis across pathways 	<ul style="list-style-type: none"> All patients able to access the Recovery Package by 2020 All breast cancer patients able to access risk stratified follow up management
<p>Optimal Whole Pathways of Care and Improved Cancer Outcomes</p> <ul style="list-style-type: none"> To improve the quality of care and timely treatment through standardised, evidence based timed pathways for head and neck cancer and sarcoma To facilitate 50% of tumour sites having care supported by pathways that meet local priorities, incorporate best practice and national recommendations Improve the quality of care and access to cancer treatments through expert clinical advisory groups (ECAGS) 	<ul style="list-style-type: none"> Two new full pathways developed incorporating faster diagnosis, prevention and post treatment care for head and neck cancer and sarcoma Produce final Commissioning Specification and East Midlands wide implementation plan Updated existing pathways for major tumour sites using shared learning to ensure all best practice aspects are incorporated Coordinate meetings of 14 ECAGS reviewing clinical guidelines, risk stratified follow up, awareness, early diagnosis and produce annual report for each Provide clinical advice to specialised commissioning 	<ul style="list-style-type: none"> All patients will have access to a standardised, optimised, evidence based pathway of care regardless of where they present Patients will be better placed to live well beyond their cancer diagnosis Services are delivered in line with a defined service specification, reducing clinical variation and variation in outcomes Providers of cancer services have collaborated to deliver a seamless pathway of care for the local population (Integrated Cancer System')
<p>Cancer Waiting Times</p> <ul style="list-style-type: none"> To support improvement of operational cancer performance by monitoring progress and providing improvement support 	<ul style="list-style-type: none"> Support the implementation of the inter trust transfer guidance, including agreement of regional data collection Advise on and provide service improvement support to Trusts as required 	<ul style="list-style-type: none"> Providers are equipped with the tools and are able to show consistent achievement of 62 day cancer waiting times Commissioners are supported to manage performance against targets
<p>Diagnostics</p> <ul style="list-style-type: none"> To understand current radiology services, identify gaps & support providers to address these To develop potential new models of working and shift change to make this happen if required 	<ul style="list-style-type: none"> Support the selection and running of sites to test the new 28 day faster diagnosis standard ACE2 Multi diagnostic centre/pathways development in each of the regions in line with planning guidance and Transformational funding Support development of new models for new cancer standard being developed for 28 days to diagnosis 	<p>A co-ordinated East Midlands approach to the delivery of radiology services, including:</p> <ul style="list-style-type: none"> agreed regional approach to defining requirements, reflecting national recommendations a single forum for information to reach all departments raising the importance of holistic planning to improve patient outcomes, across disease and speciality areas overview of compliance within the region support for innovation and shared learning



Cardiovascular Programmes

Dr Simon Roe – Clinical Director



What will the network do?

The Cardiovascular network has two priority areas to focus on this year; diabetes and supporting the transformation of the cardiovascular elements of urgent and emergency care. The network will provide clinical advice and support to the newly established East Midlands Urgent and Emergency Care network. We will also continue some locally funded priority programmes. We will undertake a whole pathway review of

current stroke provision, supporting commissioners and providers to understand variation. We will confirm the case for change for cardiac services and develop a commissioning toolkit alongside developing the case for change for improvement in familial hypercholesterolaemia (FH) care across the East Midlands. We will support the Midlands and East Specialised Commissioning vascular stocktake and continue work around renal

transplant services and renal disease. We will work with all CCGs in the East Midlands to facilitate implementation and delivery of the national diabetes prevention programme and share learning and we will act as the lead organisation for 11 CCGs in the first wave of the programme. We are also going to have a local focus on improvements in foot health and young people with type two diabetes.

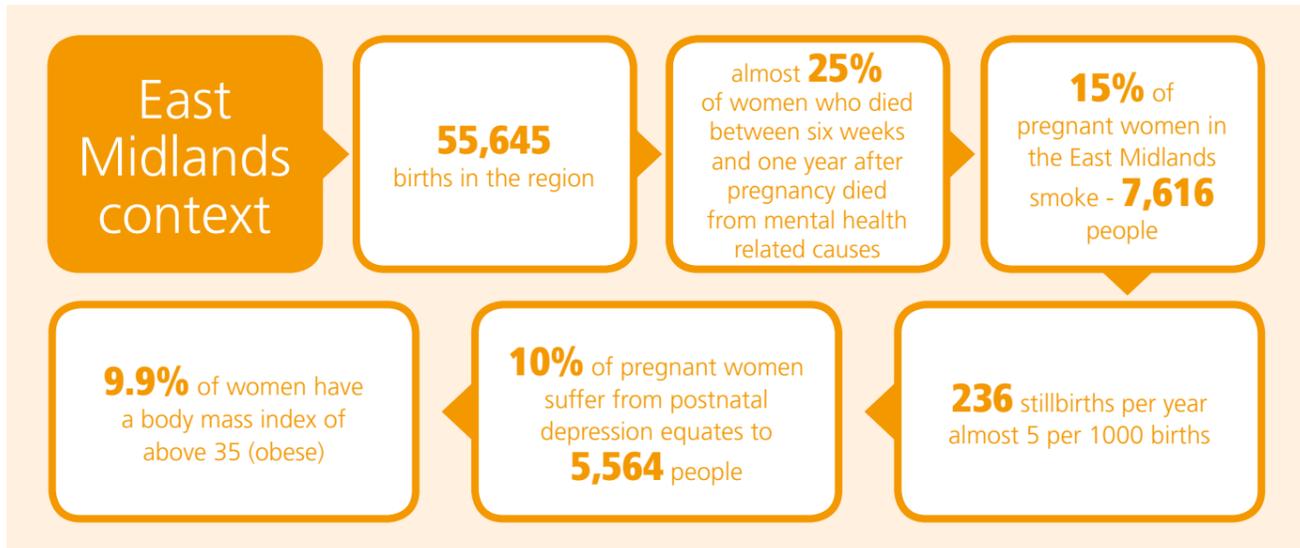
2016/17 Cardiovascular Programmes Summary		
Objectives	Deliverables	Expected Impact
DIABETES PREVENTION <ul style="list-style-type: none"> To work with all CCGs in East Midlands to facilitate implementation and delivery of the National Diabetes Prevention Programme (NDPP) and share learning across CCGs To act as lead organisation for 11 CCGs in the first wave National Diabetes Prevention Programme 	<ul style="list-style-type: none"> Facilitate sharing of best practice and learning with CCGs in East Midlands, regionally and nationally Work with CCGs to implement diabetes prevention pathways and to develop registers of patients at high risk of diabetes in preparation for participation in NDPP in a future wave <p>As lead organisation for 11 CCGs in the 1st wave NDPP:</p> <ul style="list-style-type: none"> Develop a pipeline of localities to identify and refer individuals at risk of Type 2 Diabetes Work with local health economies to identify the appropriate NDPP capacity to meet needs of the local population and liaise with the national team to match the roll out schedule with this capacity Support the assurance of NDPP implementation plans and operational readiness of local areas Integrate the NHS NDPP into local care pathways 	<ul style="list-style-type: none"> Increased capability of primary care to identify patients at risk of diabetes Target number of patients are identified and referred to diabetes prevention programmes Target number of patients referred to diabetes prevention programmes change their behaviours such that they avoid developing the condition

	Objectives	Deliverables	Expected Impact
DIABETES MANAGEMENT AND TREATMENT	<ul style="list-style-type: none"> To facilitate consistent implementation of evidence based, optimal pathways for diabetes treatment (to be developed nationally with the NHS Right Care Programme) with a focus on foot health, peripheral arterial disease (PAD) and diabetic foot disease, and young people with type 2 diabetes 	<p>Foot health:</p> <ul style="list-style-type: none"> Develop programme for upskilling primary care staff to recognise PAD and Diabetic Foot disease Conduct Diabetic Foot Care Pathway Peer Review in CCGs with high amputation rates Explore ECG testing for patients referred to Diabetic Foot Clinics and foot checks for people attending dialysis clinics <p>Young people with type 2 diabetes:</p> <ul style="list-style-type: none"> Undertake health needs assessment and establish project groups to address issues Update Diabetes KPI report to highlight variation in care to CCGs and providers Support CCGs with poor outcomes to identify optimal pathways and the improvement actions required Facilitate local understanding of effective service delivery through sharing of best practice at local / regional and cross regional level 	<ul style="list-style-type: none"> Increased proportion of practices participating in the National Diabetes Audit Commissioner agreement and adoption of evidence based pathways Increased commissioner and provider awareness of good practice STPs include defined opportunities for improvement in diabetes care reflecting the needs of their population
Transforming Emergency Care	<ul style="list-style-type: none"> To provide clinical advice and support to the East Midlands Urgent and Emergency Care Network (U&ECN) for transforming cardiac, stroke and vascular care, based on evidence, national professional guidance and local knowledge 	<ul style="list-style-type: none"> Support to U&EC networks and STP footprints to review urgent care pathway configurations for cardiac, stroke and vascular services with consideration for dependent services Agree assessment, resuscitation and transfer protocols for designated centres Support the identification and implementation of support for hospitals in the networks that do not have that expertise on site Confirm the case for change locally 	<ul style="list-style-type: none"> East Midlands U&ECN work programme is clinically informed with recommendations for sustainable, evidence based delivery of cardiac, stroke and vascular care
CARDIAC DISEASE – Local priority	<ul style="list-style-type: none"> To develop the case for change for improvement in Familial Hypercholesterolaemia (FH) care across the East Midlands 	<ul style="list-style-type: none"> Develop a commissioning toolkit to include possible delivery models / pathways / business case 	<ul style="list-style-type: none"> NICE recommended pathways are understood and implemented by Commissioners Improved identification and treatment of patients with FH
STROKE DISEASE – Local priority	<ul style="list-style-type: none"> To facilitate a reduction in unwarranted variation in outcomes from stroke services 	<ul style="list-style-type: none"> Undertake whole pathway review of provision against agreed Specification. Provide advice and facilitate engagement to respond to reconfiguration plans across the regional borders that will impact on patient flows Review progress in commissioning Community Stroke Rehabilitation services Monitor SSNAP (Sentinel Stroke National Audit Programme) data to identify and address variation Promote adoption of the AF algorithm by CCGs and monitor improvement Monitor changes in stroke and stroke with AF admissions 	<ul style="list-style-type: none"> Variation in delivery against Midlands & East Stroke services specification is identified and highlighted to commissioners and providers Improved Atrial Fibrillation identification and management
RENAL DISEASE – Local priority	<ul style="list-style-type: none"> To support the development of a shared understanding of the whole care pathway To support commissioners in recognising variation in the management and identification of renal disease 	<ul style="list-style-type: none"> Support transplant improvement group and peer review process Monitor acute kidney injury alerts and analyse data for variation and identify improvement opportunities Continue to monitor cardiovascular disease prevention performance to highlight variation including infographics 	<ul style="list-style-type: none"> Shared governance, policies and procedures across two transplant centres Consensus for collaborative commissioning of renal services Continued improvement in awareness, understanding, & treatment of renal disease



Maternity Programmes

Dr Marwan Habiba – Clinical Director



What will the network do?

Better Births, the report of the National Maternity Review, sets out a vision for safe and efficient models of maternity care. We will be working with colleagues across the East Midlands to support local health economies to develop the capability and capacity to deliver the vision outlined. Further details around this will emerge during 2016/17. We will continue to support learning around stillbirths including

the implementation of the Saving Lives Care bundle. We will work to improve maternity care pathways particularly for those mothers with complex needs and for those who need foetal medical care. We will work with the mental health network to drive forward improvements in perinatal mental health services including mapping current provision and developing supporting advice and guidance.



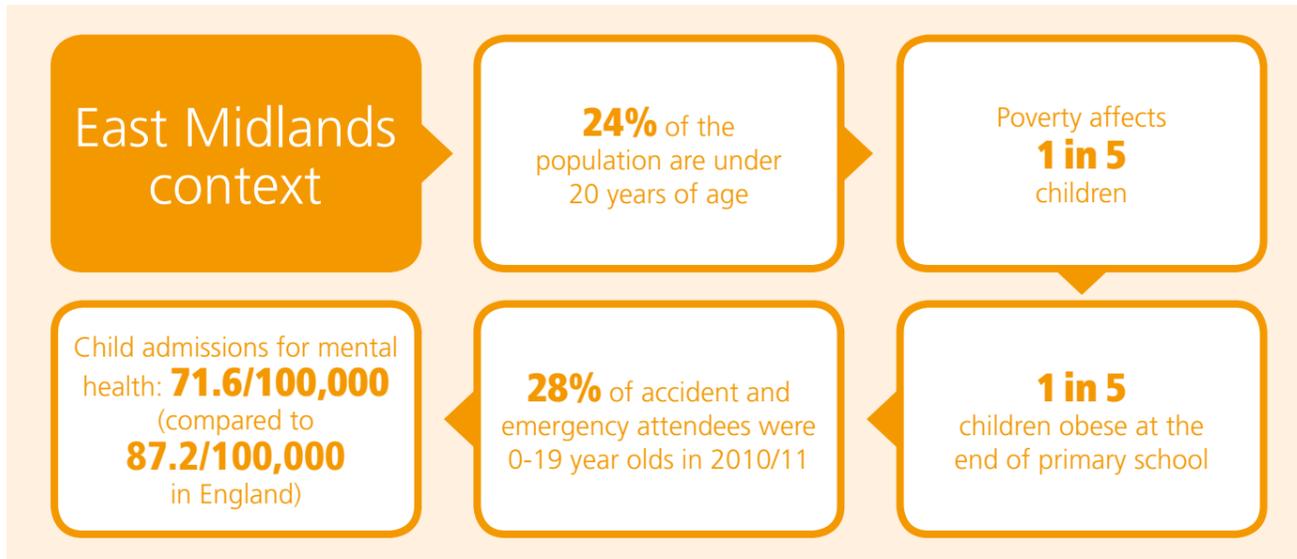
2016/17 Maternity Programmes Summary		
Objectives	Deliverables	Expected Impact
Implementation of National Maternity Review <ul style="list-style-type: none"> To build the momentum to transform services in line with the national maternity review's vision To provide clinical and improvement advice to CCGs To support local maternity systems with investigations to ensure consistency & shared learning To work with the national team to design the implementation programme 	Contribute to the implementation programme as required including: <ul style="list-style-type: none"> Scope the role of labour suite coordinators across East Midlands Scope mothers' contact with maternity unit midwives and recording of contact and develop agreed standards Development of a regional framework for the investigation of incidents and for shared learning Other deliverables to be developed pending national developments 	<ul style="list-style-type: none"> East Midlands maternity services will become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care Staff will be supported to deliver care which is women centred, working in high performing teams, which promote innovation, continuous learning Appropriate configuration and workforce to meet local population need

	Objectives	Deliverables	Expected Impact
Saving Babies Lives	<ul style="list-style-type: none"> To implement lessons from MBRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) by engaging providers to use the saving lives care bundle To focus on reduced fetal movement, detection of SGA (Small for Gestational Age) and gestational diabetes to reduce term admissions to neonatal units 	<ul style="list-style-type: none"> Host stillbirth learning event to develop a consistent approach towards management including use of the national care bundle Use of evidence based criteria, education and monitoring of implementation 	<ul style="list-style-type: none"> Improved consistency in the delivery of components of care for pregnant women Engagement of all providers with the national programmes
Specialist Service Provision	<ul style="list-style-type: none"> To support and sustain the EM Fetal Medicine network To strengthen and develop referral and treatment pathways between maternity, neonatal & paediatric services To support the effective application of collaborative commissioning approach 	<ul style="list-style-type: none"> Develop agreed approach to various aspects of fetal medicine for babies with cardiac, neurological or other anomalies including fetal transfusion service and pathways for fetal cardiac and renal anomalies Support configuration of specialty training 	<ul style="list-style-type: none"> Strengthen consistent, evidence based pathways of care for women who require foetal medicine care Improved access to specialised services Supported training and education in the East Midlands Support effective use of neonatal bed capacity
Maternity Pathways	<ul style="list-style-type: none"> To clarify pathways and approach to In Utero transfers To improve communication across providers and provide care as close to home as possible To improve identification & care of women with complex pregnancies and needs 	<ul style="list-style-type: none"> Establish small project group to increase understanding of the issues in terms of volume and frequency and risks and existing communications Establish and share what 'good' looks like and work with commissioners and providers to agree an East Midlands approach 	<ul style="list-style-type: none"> Increased consistency and application of evidence based pathways so that baby and mother are cared for in the right place at the right time Increased awareness and understanding by clinical staff of the requirements of women with complex social need Contribute to prevention measures, including: reduced smoking rates and substance misuse Increased attendance to antenatal appointments and classes, provision of interpreters, education around female genital mutilation
Perinatal Mental Health	<ul style="list-style-type: none"> To support the development of in-patient mother and baby units & community models for improved access and outcomes for pregnant & postpartum women with serious mental illness To improve coordination of services across primary care, mental health and maternity pathways To improve access to information to enable better planning of perinatal mental health services 	<ul style="list-style-type: none"> Undertake service mapping to determine baseline position of Tier 1-2 services and refresh of specialised services provision Establish task and finish working groups for clinical/care pathways; access and waiting times; education and training; standards and quality; data and information Support implementation of revised stakeholder reference group Develop advice and guidance for commissioners 	<ul style="list-style-type: none"> Increased commissioner understanding of need Sustainable community service provision introduced Enable the identification of pregnant or postnatal women under the care of adult mental health services, so that services can be commissioned on evidence of need Development of education and training programmes for midwives, health visitors and GPs Comprehensive and integrated care for mother and baby across all levels of service provision



Childrens' Health and Wellbeing Programmes

Dr Jane Williams – Clinical Director



What will the network do?

From a children's perspective our focus will be on emotional health and well being and ensuring that children and young people have access to high-quality mental health care. This will include Improving Access to Psychological Therapies (IAPT)

Services, Health and Justice CAMHS services Community Eating Disorder Services and services for children with a learning disability or autism. We are also continuing some local priority work around specialised services, in particular, paediatric critical care

transport and also paediatric radiology. We will also be supporting the Urgent and Emergency Care Network and the Respiratory Network looking at acute care pathways for children with the initial focus on asthma.

2016/17 Childrens Mental Health & Wellbeing Programmes Summary

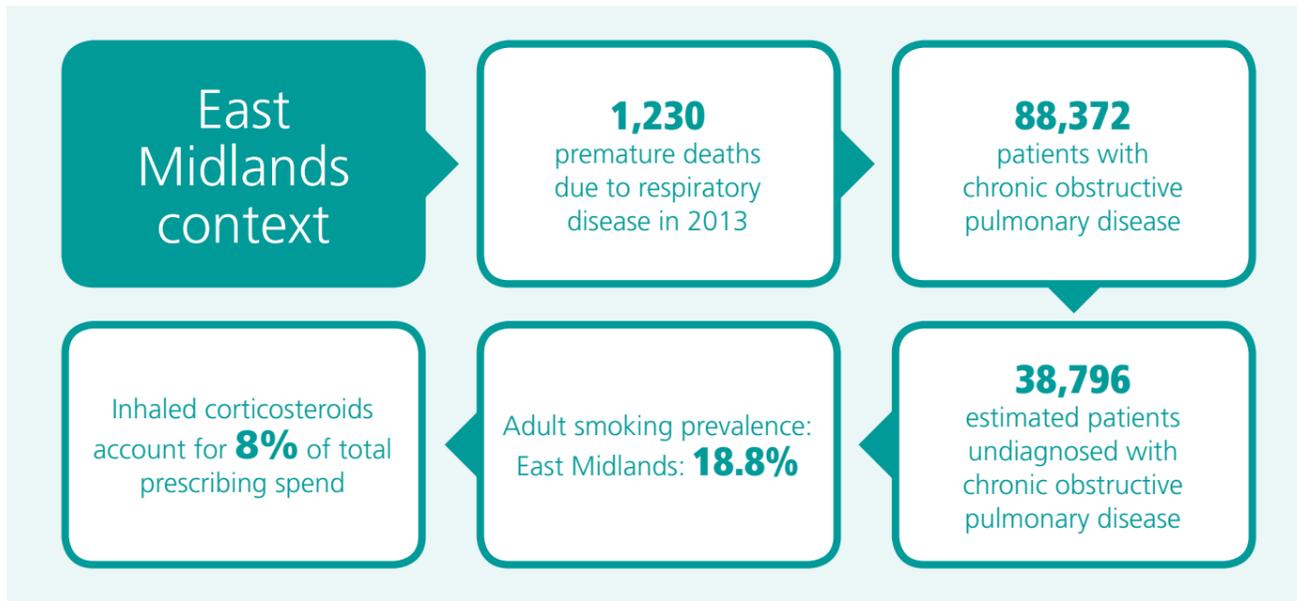
	Objectives	Deliverables	Expected Impact
Acute Care Pathways for Children	<ul style="list-style-type: none"> To support Urgent and Emergency Care provision by improving the acute care pathway for children in conjunction with the EM Respiratory Clinical Network and Urgent and Emergency Care Network 	<ul style="list-style-type: none"> Produce CCG specific acute pathway, admission and emergency department (ED) attendance information Support confederate of East Midland ED's with training programme Plan interventional study of increase % asthma plan and decrease admissions 	<ul style="list-style-type: none"> Wider understanding of good practice guidelines (documents already exist) Reduced admissions for CYP with long term conditions Reduced mortality and morbidity for patients Standardised approach to service provision
Transitions	<ul style="list-style-type: none"> To strengthen and embed transition arrangements for Children and Young People (CYP) 	<ul style="list-style-type: none"> Develop/secure good practice in identified specialties e.g. epilepsy Establish regional transition steering group Review and share NICE transition guidance Launch benchmarking tool for local assurance and monitoring Host event to disseminate learning / share best practice 	<ul style="list-style-type: none"> Services will have clear transition procedures embedded into practice. Young people will be prepared in advance for their transition Young people with life limiting conditions will have an end of life plan developed parallel to ongoing care and support in adult services

	Objectives	Deliverables	Expected Impact
Emotional Health and Wellbeing	<ul style="list-style-type: none"> To support refresh and publication of local plans for improved access to high quality care as set out in Future in Mind To improve the outcomes for children and young people with mental health problems through the support Commissioners To support the delivery of 100% access to Children and Young People (CYP) Improving Access to Psychological Therapies programme (IAPT) To support the transformation of care for Children and Young People with Learning Disabilities and/or autism who have mental health conditions To support the delivery of the Health and Justice CAMHS Transformation Project. To support commissioners and providers' development of Community Eating Disorder Teams 	<ul style="list-style-type: none"> Provide support for regional forum for shared practice (Future in Mind steering group) Host events to increase engagement with Local Authority, Social Care, Health, Public Health, Health and Justice and Education Establish task and finish groups in line with national deliverables in areas of Eating Disorders, Crisis and Inpatient Services (TIER 4) Chair the collaborative board for a start-up period of six months whilst governance structures are formed and maintained Support the development of new learning collaboratives and support all local partnerships to join the programme Host conference on Transforming Care and Care and Treatment reviews for Children and Young People Support with the development of pathways in and out of health and justice settings Form regional Eating Disorders network Ensure Eating Disorder Services continue to have clear links to local transformation plans 	<ul style="list-style-type: none"> All partners will have a shared vision and plan of what needs to happen locally with joint working arrangements in relation to children and young people's mental health within health, social care, education and health and justice Drive cultural change and transformation across children and young people IAPT services Children and young people with a learning disability and/or autism in hospital are discharged into a community setting as soon as possible Deliver swift access to evidence based community treatment for children and young people with eating disorders
Specialised Children's Services	<ul style="list-style-type: none"> To help implementation of the East Midlands paediatric critical care (PCC) transport service To review and propose models of care for paediatric radiology To develop shared/network pathways across specific paediatric specialties To support sustainability of local services and strengthen pathways for children's surgery (Transitional programme) 	<ul style="list-style-type: none"> Link with the Cancer network radiology work stream and develop paediatric radiology strategy Support delivery of the business case and create a strategy and vision for the next 5 years Strategic direction established and agreed between tertiary centres with an agreed in house work programme to focus on selected key services Publication of management of paediatric torsion commissioning guideline Development of regional approach to pre-operative pregnancy testing in CYP Support standardised competency training packages for non-children's trained staff 	<ul style="list-style-type: none"> Strengthen a network approach for paediatric transport service and reduce numbers of children transferred out of area Improved use of specialist beds (right patient in the right level of care bed) Improved safety through standardised approaches across a number of sites Dedicated pathways for in and out of hours service Improved recruitment and retention within the region Initiation of a network approach for paediatric radiology and support sustainable radiology services to tertiary services within the EM



Respiratory Programme

Dr Charlotte Bolton and Jane Scullion – Clinical Leads



What will the network do?

The respiratory work will be supported by the Clinical Network team and the Academic Health Science Network. CCGs will continue to be supported to identify variation through using Right Care information. Chronic obstructive pulmonary disease (COPD) will be a key focus with the production of a COPD infographic, benchmarking, auditing and case study production. The network will work with the End of Life Network to map access to palliative care services. Further joint work will be undertaken with the childrens' network looking at asthma admissions and pathways.

Finally the network will also focus on primary care upskilling particularly looking at antibiotic prescribing.



2016/17 Respiratory Programmes Summary (Joint with East Midlands AHSN)

	Objectives	Deliverables	Expected Impact
Respiratory Pathways	<ul style="list-style-type: none"> To work with CCGs to support respiratory pathway review and to ensure issues of efficiency within respiratory prescribing are highlighted To work with end of life care programme to map access for respiratory patients to palliative care services to identify gaps in care and support adoption of best practice across CCGs 	<ul style="list-style-type: none"> Develop links with Right Care and CCGs to contribute to pathway reviews including benchmarking Encourage adoption of GRASP COPD audit tool to support improvements in diagnosis and management in primary care Produce COPD Infographic Case Study and Disseminate National COPD Hospital Audit Produce infographic to highlight variation in asthma admissions for adults and paediatrics working jointly with Children's programme Promote materials to primary care professionals to support conversations on end of life with respiratory patients Collate & share good practice on palliative care services patients with breathlessness 	<ul style="list-style-type: none"> Application of the Right Care methodology to respiratory pathways and reduction in hospital admissions together with improved access to standardised care for patients Commissioners understand defined opportunities for increased efficiencies and efficacy of prescribing through provision of advice on how to implement efficiencies Support CCGs and providers to improve access to end of life care for Respiratory Patients
Primary Care Upskilling	<ul style="list-style-type: none"> To support CCGs to implement up-skilling programmes within primary care at scale which will support the adoption of standardised quality management of respiratory patients To promote and support CCG's and GP practices to improve the appropriateness of antibiotic prescribing and support improvements in patient safety and medicines optimisation 	<ul style="list-style-type: none"> Produce outline training programme for CCGs for up-skilling primary care professionals in asthma and COPD management Produce Miquet Query to provide baseline report on antibiotic prescribing for patients with COPD Work with CCGs and GP practices to review current process for managing antibiotic prescribing and implement improvements in pathway 	<ul style="list-style-type: none"> Delivery of standardised care for respiratory patients in primary care and improvement in number of patients receiving appropriate care Common understanding of issues around use of and resistance to antibiotics to influence future prescribing Improvement in the appropriateness of antibiotic prescribing and stewardship
Innovation into Practice	<ul style="list-style-type: none"> To review Wessex AHSN service for patients with severe asthma and review appropriateness of adoption in East Midlands To encourage the adoption of oxygen bands within hospitals in East Midlands 	<ul style="list-style-type: none"> Undertake a detailed review of the Wessex AHSN severe asthma service development including costs of provision and clinical and financial outcomes Assess how service could dovetail to existing services and pathways consider the appropriateness of adoption within East Midlands Support adoption of Oxygen Wrist Bands in hospitals within East Midlands Produce a case study for national dissemination 	<ul style="list-style-type: none"> Adoption of spread of innovations and supporting putting into practice Improving management of oxygen in hospital



End of Life Programme

Dr Sat Jassal, Dr Zahida Adam and Dr Maelie Swanick – Clinical Leads



2016/17 Local Priority Programme: End of Life Summary

Objectives	Deliverables	Expected Impact
<p>End of Life</p> <ul style="list-style-type: none"> To define good quality end of life care through development of measures To create an understanding across health communities of the issues around do not attempt cardiopulmonary resuscitation (DNA CPR) and the actions required to achieve improvement To ensure learning from electronic palliative and care coordination systems (EPaCCs) pilots is shared across the region To facilitate providers and commissioners understanding implications of changes to deprivation of liberty (DOLs) processes for patients at the end of life 	<ul style="list-style-type: none"> Embed the commissioning tools for EoLC including toolkit, service guidance, upcoming currencies and dataset for specialist palliative care; Promote and support ongoing participation in the TRANSFORM programme (to improve EoLC in hospitals) and encourage hospitals to learn from and improve as a result of 'care of the dying adult' audit and participate in the audit in 2016/17 Inform development of upskilling programmes to support health and social care professionals to have appropriate conversations about DNA CPR and to act in the patient and family's best interests when one is in place Ongoing support to ensure EPaCCS development across the region, in liaison with Arden and GEM Commissioning Support Unit Address known variation in pain management 	<ul style="list-style-type: none"> Commissioners and providers more able to design and implement models of care which promote integration and care that feels coordinated to those using, and delivering, end of life care

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