

Strategic Clinical Networks: Yorkshire & The Humber- MHDN SCN – DRAFT WORK PROGRAMME v1 *(adapted from WM SCN as v1)*

Values and Principles

Bringing patients, carers, professionals and organisations together, working across boundaries, to deliver programmes of continuous quality improvement.

Contributing to the achievement of outcome ambitions for patients, and benefiting population health, where there is a need for whole system or collective improvement endeavour.

Domains

Prevent premature death

Quality of life for patients with LTCs

Help recover from ill health/ injury

Ensure positive experience of care

Care delivered in a safe environment

Legacy and Transition

Acknowledging and building on existing group contributions to date.
Engagement with stakeholders to avoid duplications and loss of intelligence.
Maintaining and developing engagement

Strategic Context and Challenges

Dependent on active engagement of the constituent organisations where a whole system approach is required to achieve improvement across complex care pathways or where a co-ordinated, combined improvement endeavour is needed to overcome healthcare challenges, which have not responded to other improvement efforts.

Stakeholder Engagement

Ensure a co-ordinated approach to stakeholder engagement in, and communication about, the improvement agenda for the prescribed SCN conditions. This will include the publication of performance standards and clinical outcomes for the prescribed conditions.

Organisational Development

4 SCNs at different stages of maturity
Expanded scope & scale
Newly configured teams requiring leadership and development
Allocation and prioritisation of resources
Balancing national, regional and local priorities
Value added to whole system

	Domain/Links and contribution to national and local priorities 2013-15	Overview of improvement project	Expected impact
Dementia	<ul style="list-style-type: none"> NHS Outcomes Framework Domain 2 – Enhancing quality of life for people with long-term conditions. Prime Minister's Dementia Challenge – Dementia care should be among the best in Europe (2012). NICE Quality Standard QS1 – Dementia (2010). National CQUIN – Dementia - Indicator 3 National Dementia Strategy (2009). 	<ul style="list-style-type: none"> Develop systems and process which will facilitate an increase in the quality and timeliness of diagnosis rates in primary and secondary care for dementia Develop a consistent model for Y+H on post diagnostic support so patients have a more positive experience of care Reducing the use of anti-psychotic medicines for people with dementia in care home settings Dashboard of dementia information to benchmark CCGs Scope the impact of MH liaison teams for dementia to avoid admission to hospital 	<ul style="list-style-type: none"> An increase in people with dementia receiving a formal diagnosis. An increase in the proportion of people receiving a diagnosis when they are in the mild to mid stages of illness and having a full diagnostic assessment. An increase in the length of time people with dementia are cared for at home. Improvements in reported patient and carer experience. Reduction in dementia-related emergency admissions and achievement of CQUINs Improved quality of life for people with dementia currently living in care homes. Reduction in the number of deaths for people with dementia where a fall or stroke is a contributory factor. Workforce awareness and education to be dementia friendly by 03/14
Mental Health	<ul style="list-style-type: none"> National Mental Health Strategy – ‘No Health without Mental Health’ (2012). Outcomes Framework Domain 2 – Total health gain as assessed by patients for psychological therapies. Supports national Improving Access to Psychological Therapies programme (2011). 	<ul style="list-style-type: none"> Supporting the implementation of the Improving Access to Psychological Therapies (in Neuro too) Reducing premature mortality in people with a serious mental illness – young people’s suicide rate reduction Implementation of Y+H wide s136 arrangements and central ‘hub’ Develop a Parity of Esteem Task/Finish Group linking with NHS England to see what Y+H can learn from this Use of MHIN as a benchmarking tool for Y+H CCGs Working with Specialist Commissioners, scope pathways to Tier 4 to iron out variation in CCG referrals 	<ul style="list-style-type: none"> Improved access to services which results in clinical improvement and recovery Reduced cost to the system and the economy as people recover more quickly from illness Increased patient choice and satisfaction Improvements in patient reported outcomes and recovery rates. Reduction in ‘excessive’ deaths for people with a serious mental health illness compared to people in the general population. Reduction in health inequalities within the region. Better management of long term comorbidities and medication. Improvements in reported experience by people using community mental health services. Improved quality of life for people with a mental illness.
Acute & Chronic Neurological Conditions	<ul style="list-style-type: none"> Outcomes Framework Domain 2 – Reducing time spent in hospital by people with long term conditions. NSF in LT Conditions 	<ul style="list-style-type: none"> Pathway design of acute/emergency admissions and design of headache/migraine services including triage and reduction of admissions Community neurology – scope and design a model of service for CCG(s) 	<ul style="list-style-type: none"> Reduction in hospital admissions Delivery of triage services, reduce outpatient referrals and ability to provide some clinics in the community Benchmarked services comparing each service against an Assurance Framework that will include the commissioning with a quality standard