

Programmes update

System leadership

The Regional Leadership Council (RLC) in NHS Yorkshire & the Humber comprises of members from organisations across the region. RLC is responsible for identifying and setting out strategic priorities for system wide talent management and leadership development investment and activity and for ensuring that national and regional investment in these areas delivers improvement in effectiveness and performance. For 2011/12 the RLC has identified that cross organisational leadership development investment in the region needs to be aligned to make maximum impact on the following five crucial priorities:

1. The delivery of QIPP;
2. The transition to the new NHS envisaged in Liberating the NHS;
3. Preparation of GP Consortia leadership to take on their commissioning roles;
4. Enabling clinicians to lead patient safety, health care, health improvement and service and commissioning transformation;
5. Continuing to improve the diversity of our senior leadership building this into all the work that we lead and sponsor.

A copy of the RLC's work plan for 2011/12, setting out the development support available can be found at <http://www.yorksandhumber.nhs.uk/document.php?o=6804>.

The first edition of Transition News (TN) invited emerging GP consortia leaders to take up places on the *Leading Transformation (Top Leaders) Programme*, where they will work with their peers to tackle local issues to improve patient care & experience, health commissioning and delivery. We have been encouraged by the mix, diversity and geographical spread of applicants from all sectors. 20% of participants will be GP leaders. This broad spread will add to the success of the programme, which is designed to encourage leading as peers to deliver system wide change. The programme begins on 7th April and we will be keeping the wider system involved as the programme progresses.

For a full guide to what is available to support the development of GP consortia (previously referred to in Transition News 2) please click this link: <http://www.yorksandhumber.nhs.uk/document.php?o=6657>. This document is work in progress and will be updated regularly.

Joint working with local authorities

Checklist for NHS/local government joint working on the transition

A checklist has been drawn up by Local Government Yorkshire and Humber (LGYH) and the SHA 2010 in response to the impact that the changes in the NHS will have on councils and partnerships between the NHS and local government. This checklist has been designed for use within local partnerships and local authorities, PCTs and emerging GP consortia are encouraged to review their position against the points in this list to assure themselves of their preparedness and use it to draw up their local transition plans. Both the SHA and LGYH would welcome feedback on it and it can be accessed at the following link: <http://www.yorksandhumber.nhs.uk/document.php?o=6812>

Health Transition Joint Leadership Group

A new group has been set up that brings together local authority Chief Executives, PCT Chief Executives, the SHA and Directors of Adult Social Services, Children's Services and Public Health. It aims to provide a forum to promote a dialogue on the transition between the NHS and local government sectors, to develop a shared vision on the transition but with an emphasis on localities creating and shaping their own arrangements within the guidelines from the Department of Health. The Leadership Group's first meeting is 18 March and feedback will be given in a future newsletter.

Joint Local Authority, PCT and emerging GP consortia meeting

Following on from last October's joint Local Authority/PCT Chief Executive's meeting, a follow up meeting of Chief Executives is being held on 7 April in Leeds. An invitation to this meeting has gone out to all emerging GP consortia to send a representative and hopefully a widespread attendance will be possible. The meeting will look at three themes of the relationship between GP commissioning and Health and Wellbeing Boards, the public health transition and the shared efficiency agenda. Although this is the same day as a top leaders programme meeting (see system leadership section above), we hope each consortium can be represented.

Additional funding for reablement and social care

The Department of Health has provided additional funding to PCTs in 2010/11 and in the next two years to bring forward reablement developments, to help keep people out of hospital, and to support wider social care activity linked to health services. PCTs and Local Authorities are agreeing plans for the use of this funding in 2011/12, building on work already underway, and over the next 12 months PCTs will need to ensure that emerging GP consortia are engaged in the work with local authorities about how these resources are used.

Safety and quality issues

The SHA's Quality Improvement Team, chaired by Non-Executive Director, Sarah Harkness, is focusing on the delivery of the regional Quality Improvement Plan (QIP) up to 31 March 2012 and the legacy that will be left by the SHA and its partners in terms of quality (ie patient safety, clinical effectiveness and patient experience) when transition is complete. The membership of the Quality Improvement Team is being reviewed with a view to including PCT clusters, GP consortia and Local Authority representatives.

The SHA identifies safety and other quality risks through a variety of mechanisms, notably the single accountability and assurance process. The key quality indicators include access targets, Hospital Standardised Mortality Ratios (HSMRs), infection rates, serious incident reporting and investigation data, patient and staff surveys and EMSA (Eliminating Mixed Sex Accommodation) breaches. There is also an annual review of PCT and non-FT assurance frameworks (due to report to the DH in June 2011) which identifies quality risks and there are rigorous quality governance standards to be achieved by aspirant FTs.

Plans are being made to ensure that independent investigations are commissioned by the SHA as usual within its last year of operation and that there is an effective handover to successor organisations. Similar plans will be drawn up by the SHA and PCTs to ensure that serious incident investigations (including children's safeguarding cases) are progressed promptly according to existing procedures and up to date files are transferred for cases which are ongoing.

The Quality Observatory is supporting provider organisations to produce robust quality accounts for patients and the public which will give an overview of performance on quality and action plans to address areas for development.

Service Reconfiguration

The SHA provides a range of support to local reconfiguration schemes, from advice and guidance in the early stages of a proposed service change to formal assurance that schemes meet national requirements ahead of formal consultation. National requirements include the four tests set by the Secretary of State for Health.

Full details of the support provided by the SHA, the four tests and a range of other helpful information can be found at: http://www.yorksandhumber.nhs.uk/what_we_do/improving_patient_care_and_service_quality/service_development_and_reconfiguration/service_change_assurance_process/

Healthy Ambitions

Healthy Ambitions is a document which was published in 2008 in response to a review of the NHS which was headed by Lord Darzi and called the NHS Next Stage Review. Initially 150 clinicians from across the region worked on eight clinical pathways starting from birth and ending with maternity to end of life. Healthy Ambitions' main aim is to provide a clear vision for clinically led quality improvement over the next five years in Yorkshire and the Humber.

Whilst the majority of the work has been taken forward locally (led by PCTs) a number of services are being improved as a result of region wide action, these include:

- **Stroke** – the development and implementation of a region wide stroke assurance framework has led to a significant reduction of deaths per year since the publication of Healthy Ambitions.
- **Vascular** – a region wide vascular service review has led to the development and implementation of clinically set standards for vascular care across the region
- **Major Trauma** – work is currently underway to put in place a major trauma network by April 2011 which will be responsible for improving and coordinating care across the region. It is estimated that improved major trauma could save 100 lives per year in Y&H as well as saving money and reducing disability
- **Better for Less Briefings** – are developed to highlight evidenced based and practical interventions which provide better quality care and also save money. There are now more than 20 such briefings which taken together identify over £400m of potential savings across the region. The briefings are available at <http://www.healthyambitions.co.uk/BetterForLess/>

Commissioning Intelligence Programme Update

A wide variety of stakeholders from across Yorkshire and the Humber and the rest of the country have been involved in a programme to define and deliver what information the NHS Commissioning Board and GP consortia will need to commission services in the future, for example patient tracking information or a concise directory of available services.

The programme is also responsible for identifying immediate and long-term provision which will need to be in place to deliver and support those information requirements. The programme team is working with the Department of Health Informatics Directorate (DH ID) to ensure the needs of commissioners, which are being identified, are reflected in the emerging strategies for information and technology.

The SHA's director of commissioning, Ailsa Claire, is the national lead for the programme on behalf of Barbara Hakin's commissioning development programme.

Commissioning information areas have been categorised as follows;

1. Direct commissioning of specified services for the NHS Commissioning Board
2. Establishing and supporting GP Consortia and holding them to account
3. Quality improvement
4. Public and patient involvement (PPI) and choice
5. Promoting equality and reducing inequalities
6. Allocating and accounting for NHS resources. This cuts across all the areas above.

Those involved in this work include, GPs, public health professionals, commissioners, informatics professionals, policy makers and local authority partners. If you want more information about this programme please contact

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