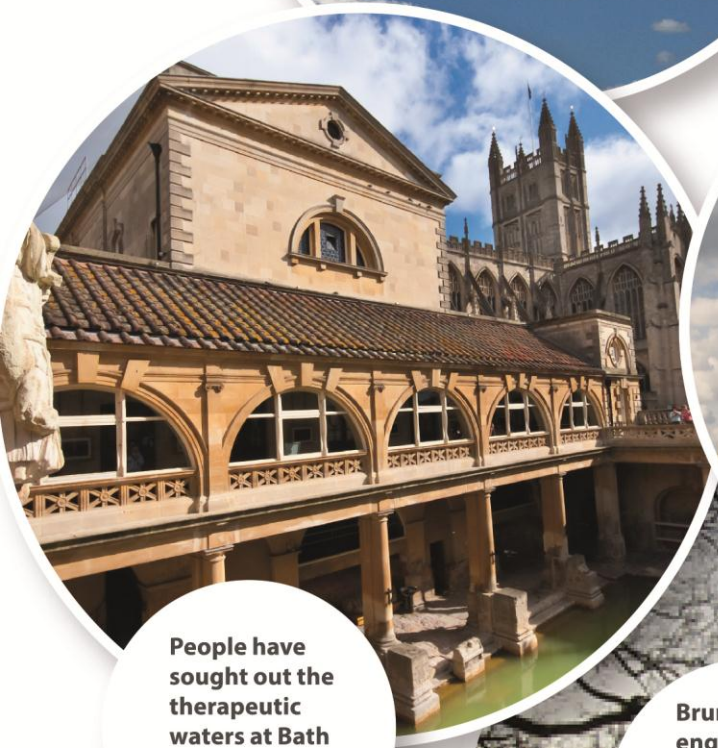
swscn&s

SOUTH WEST STRATEGIC CLINICAL NETWORK & SENATE

Annual report 2013-4

The first air ambulance in the UK brought emergency medical care to the far reaches of Cornwall.

It takes a medical team of over 500 to keep the festival goers of Glastonbury healthy and well.



People have sought out the therapeutic waters at Bath for over 2000 years.

Jenner found the key to immunology in his local farming community.

Brunel also engineered pre-fab huts for Nightingale to run the first aseptic field hospital.

CONTENTS

1. Strategic Clinical Network and Clinical Senates

On April 1st 2013 twelve Strategic Clinical Networks and Senates were established in line with direction set by the policy documents *Strategic Clinical Networks: The way forward (July 2012)* and *Strategic Clinical Networks: Single Operating Framework (November 2012)*.

Strategic Clinical Networks focus on priority service areas to bring about improvement in the quality and equity of care and outcomes of their population, both now and in the future.

Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent.

1.1 South West Strategic Clinical Networks

The South West Strategic Clinical Network brings together those who use, provide and commission the service to make improvements in outcomes based on best evidence.

The Strategic Clinical Network works in partnership with commissioners (including local government), supporting their decision making and strategic planning. We work across the boundaries of commissioner, provider and voluntary organisations as a vehicle for improvement for patients, carers and the public. In this way, Strategic Clinical Networks will:

- highlight and reduce unwarranted variation in health and well being services
- encourage innovation in how services are provided now and in the future
- provide clinical advice and leadership to support decision making and strategic planning

The Strategic Clinical Networks serve in key areas of major health and well being challenge:

- Cardiovascular (including cardiac, stroke, kidney and diabetes care)
- Cancer
- Maternity and Children
- Mental Health, Dementia and Neurological Conditions

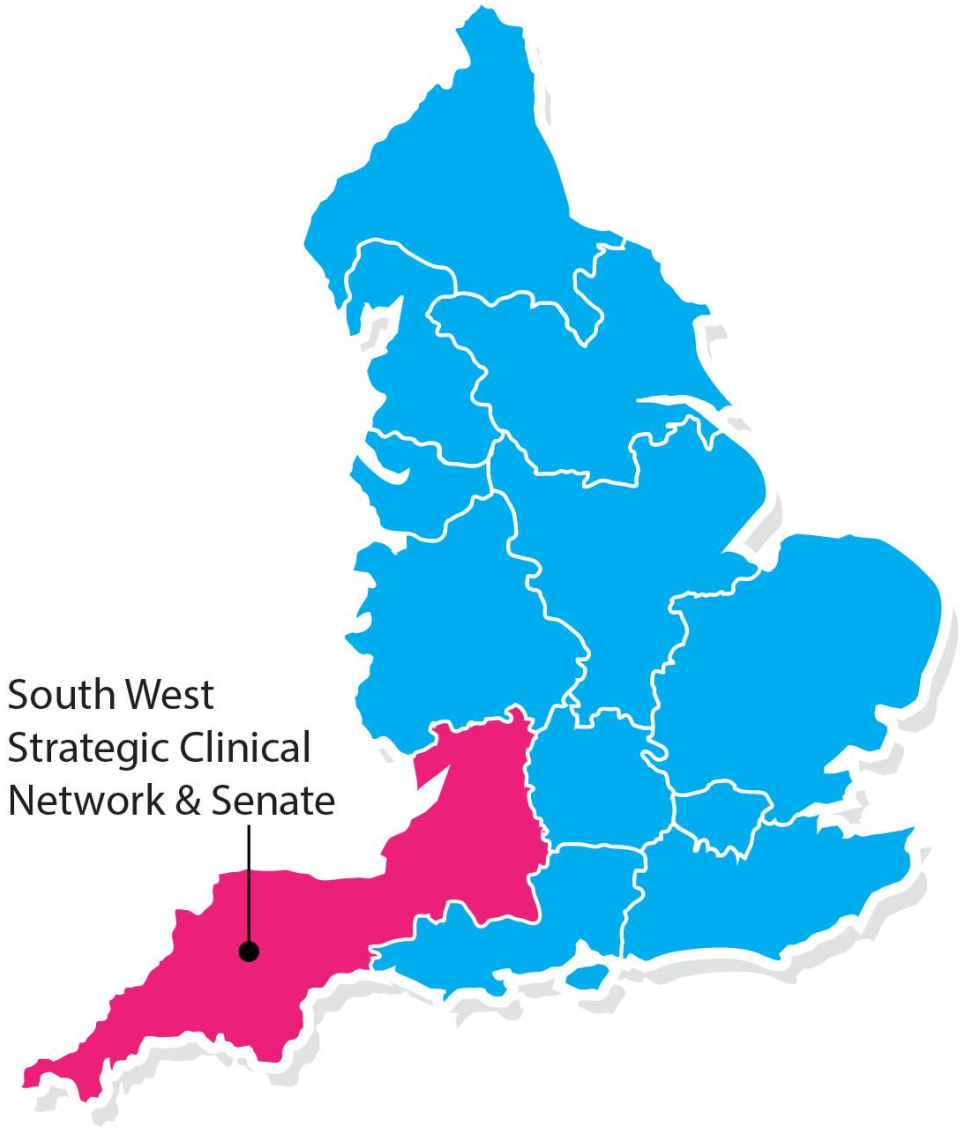
1.2 South West Clinical Senate

The South West Clinical Senate is comprised of a core Clinical Senate Council and a wider Clinical Senate Assembly. The Clinical Senate Assembly is a diverse multi-professional forum providing the Council with ready access to experts from a broad range of health and care professions. Membership of the assembly will encompass the 'birth to death' spectrum of care and include patient representatives.

The Clinical Senate Council is a small multi-professional steering group. This group co-ordinates and manages the Senate's business. It maintains a strategic overview across the region and is responsible for the formulation and provision of advice working with the broader Senate Assembly.

2. Our geography

The South West Strategic Clinical Network consists of four mandated networks and a single Clinical Senate to cover a population of 4.7million spread across the largest regional footprint in England. The geography of the South West covers three NHS England Area Teams; 11 Clinical Commissioning Groups (CCGs) and a number of primary, secondary and tertiary care, third sector and private providers.



3. Our team

Caroline Gamlin, Chair

Caroline undertook vocational training to become a GP and worked in Tanzania for a year before completing her specialist training in Public Health. She has worked in Somerset, both as a Consultant in Public Health and as Director of Public Health since 1999. In April 2013 Caroline took up the post of Medical Director for the BNSSSG Area Team. Caroline is a public health trainer and sits on the National Programme of Care board for women and children.

Stuart Walker, Clinical Director, Cardiovascular Network

Stuart is a Consultant Interventional Cardiologist based at Musgrove Park Hospital in Taunton with sub-speciality interests in Interventional Cardiology and device use. Prior to joining the SWSCN Stuart was Clinical Lead for the Avon, Gloucestershire, Wiltshire and Somerset Cardiac Network.

Ann Remmers, Clinical Director, Maternity & Children's Network

Ann's professional background is in nursing and midwifery; she has worked in both the UK and Australia. Ann has been involved in maternity and children's health services for most of her career, most recently as Clinical Director and Director of Midwifery for Women's and Children's Health at North Bristol NHS Trust.

Helen Thomas, Clinical Director, Cancer Network

Helen has worked as a GP in a busy inner city practice in Plymouth for 23 years. Before joining SWSCN she was Primary Care Medical Director for the Peninsula Cancer Network and also Deputy Medical Director for Devon Primary Care Trust.

Adrian James, Clinical Director, Mental Health, Dementia & Neurological Conditions Network

Adrian is a Consultant Forensic Psychiatrist at the Langdon Hospital in Dawlish. He has been Medical Director of Devon Partnership NHS Trust, Programme Director for the training of Forensic Psychiatrists in the South West and Regional Advisor for the Royal College of Psychiatrists. In 2010 he was appointed Chair of the Westminster Parliamentary Liaison Committee of the Royal College of Psychiatrists.

Vaughan Lewis, Senate Chair

After qualifying from Oxford, Vaughan trained as a paediatrician in the South West and Australia. He was appointed as a Consultant in Exeter in 2002 and has since held a number of clinical management roles including joint Medical Director at the Royal Devon and Exeter NHS Foundation Trust. As well as chairing the South West Clinical Senate, he is the clinical lead for IM&T for the Peninsula Academic Health Science Network and continues to work as a paediatrician in Exeter.

Sunita Berry, Associate Director, SCN & Senate

Sunita has worked in Networks since 2002, developing first the cardiac and then the stroke network across Avon, Gloucestershire, Wiltshire and Somerset. She believes passionately that through developing coalitions and consensus it is possible to deliver broad health care gains for populations, and that networks are ideal vehicles for delivering large-scale change. A neuroscientist by training, she has previously worked for the BBC making documentaries on science and health issues.

4. 2013-14 Programme Overview: plan on a page

<table>
<tr><td>Vision</td><td colspan="3">Working with partners to deliver improved experience and outcomes for patients & families</td></tr>
<tr><td>Mission and values</td><td>Our Mission: • To support commissioners and providers in the delivery of high quality, affordable, integrated patient and family-centred care which respects and responds to the needs of our population and improves outcomes.</td><td colspan="2">Our Values:
• We will be collaborative, drawing on the full strengths of all our partners
• We will be unstinting in our pursuit of the best outcomes</td></tr>
<tr><td rowspan="2">Strategic Aims</td><td>Organisational Priorities:
• Strategic advice to specialised and local commmissioners to support service reconfiguration
• Governance model in line with the national template
• Team and personal development to enhance our ability to deliver</td><td>Networks:
• Cancer
• Cardiovascular
• Maternity & Children
• Mental Health, Dementia & Neurological Conditions</td><td>Strategic Objectives:
• Strategic Advice
• Quality Improvement
• Reduce Variation
• Promote Best Practice
• Patient & Public Involvement</td></tr>
<tr><td colspan="3">Overview of NHS Outcomes Framework Ambitions:
• Preventing people from dying prematurely
• Enhancing quality of life for people with long term conditions
• Helping people to recover from episodes of ill health or following injury
• Ensuring that people have a positive experience of care
• Treating and caring for people in a safe environment; and protecting them from avoidable harm</td></tr>
<tr><td rowspan="5">Service Plans</td><td>Cardiac:
• Increase uptake in Cardiac Rehabilitation
• Reduction in Heart Failure admissions
• Timely access to Cardiac Surgery
•Heart Failure-optimising management</td><td colspan="2">Stroke:
•Reduce AF-related strokes
•TIA - reduce variation in practice
•Improving access to thrombolysis and acute stroke units
•Stroke Follow-up to support recovery and survivorship</td></tr>
<tr><td>Diabetes:
•Support the implementation of the 9 NiCE recommended care process
•Reduce number of lower limb amputations</td><td colspan="2">Kidney:
•Better outcomes for CKD patients
•Reduction in late presenting patients
•Reduction in number of AKI admissions</td></tr>
<tr><td>Cancer:
•Support GPs to diagnose cancer earlier
•Diagnostics for Colorectal Cancer
•Improve uptake of Cancer screening
•Improve management of emergencies</td><td colspan="2">Mental Health:
•Support specialised and local commissioners to develop effective CAMHS services
• Commissioning Strategy for IAPT Adult and Children
•Develop a framework for mental health liaison and crisis</td></tr>
<tr><td>Neurological Conditions:
•Telemedicine/tele supported advice and guidance
•Acute neurology – improving access whilst reducing avoidable hospital admissions
•Improve data and information availability</td><td colspan="2">Dementia:
• Diagnosis rates
• Hospital standards of care
• Prevention
• End of life care/advance care planning</td></tr>
<tr><td>Maternity:
•Improving maternal and perinatal outcomes and experience
•Perinatal and infant mental health</td><td colspan="2">Children & Young People:
•Avoiding hospital admissions for children and young people
•Long term conditions in children and young people
•Transition to adult services •Palliative/end of life care</td></tr>
<tr><td rowspan="2">Quality</td><td>Domain1: Preventing people from dying prematurely
• NHS Health check
• Suicide prevention
•Cancer prevention programmes
•Early diagnosis</td><td colspan="2">Domain 2:Enhancing the quality oflife for people with long term conditions
•Rehabilitation, cancer survivorship, reablement, self-management
•End-of-life care</td></tr>
<tr><td>Domain 3: Helping people to recover from ill-health or following injury
•Urgent, acute and emergency responsiveness
•Optimising pathways
•Enhanced recovery /early supported discharge</td><td colspan="2">Domain 4/5: Ensuring people have a positive experience of care
•Patient, user, carer, public and third sector engagement
•Medicines management
•Transition</td></tr>
</table>

5. Major Accomplishments during 2013-14

Over the past year we have worked with our constituent organisations to establish the structure of the networks, describe our strategic objectives and develop relationships with other parts of the healthcare system. We have also sought opportunities for alignment and collaboration with our key partners such as the Academic Health Science Networks (AHSN) in the West of England and South West Peninsula.

At the heart of our networks are strong, enabling, clinical leaders who bring access to clinical advice for commissioners, harness the expertise of their colleagues and challenge the status quo where required. Supporting the Clinical Directors are Network Managers who have significant experience of networks.

During July 2013 the networks held Clinical Summits bringing together patients, commissioners, clinicians, third sector and local authority staff. This consultation culminated in an Engagement Event in September at which our stakeholders from across the South West agreed priorities and work programmes for each network. The networks have now established working groups to address these priorities with a focus on ensuring appropriate commissioner, provider and public health engagement with these groups.

As the 'glue' enabling health communities to work together, often across boundaries, the SCN and Senate have developed a focus on internal and external communication. Ours is the first SCN and Senate to have developed a live website, which has been well received. We have a presence on all forms of social media and our Business and Communication Manager is working with our staff and stakeholders to develop the best means of developing the narrative for our emergent work.

Working with Specialised Commissioning and Clinical Commissioning Groups

Our aspiration is to provide a bridge between the South West Specialised Commissioning team and the 11 Clinical Commissioning Groups (CCG) in the region.

We are working closely with our colleagues in specialised commissioning to provide the clinical expertise to 'sense check' the local implementation of national service specifications and policies. Our networks have also provided direct input into the development of these services specifications and made a number of recommendations for the appointments to the Specialised Services Clinical Reference Groups (CRGs) which have been accepted. During this time we have also worked with the CCGs across the South West to gain an understanding of their priorities.

We are also working with Specialised, CCG, Public Health and direct commissioners to support the commissioning of end-to-end pathways. Whilst this engagement is at an early stage it is agreed that a key role of the networks is to help support effective population commissioning to improve outcomes for our patients.

Engaging with Patients and the Public

Overarching all that we do is our strong commitment to enabling the patient, carer and service user voice in our discussions and decisions. Working closely with the 13 Health Watch organisations across the South West, we have developed a Citizens' Assembly, which forms the basis for the wider engagement we seek with patients and the public. We have recently appointed our Citizen Commissioner, Mrs Christine Teller who will chair the Citizens' Assembly and be responsible along with our Patient and Public Involvement Manager for leading the development of SCN and Senate patient and public involvement. We are also involved in the specialised service focussed South West Local Involvement Network which is led by Dr Louise Farbus.

Working with the third sector

The South West Strategic Clinical Network is developing strong links with a number of voluntary and not-for-profit organisations to support commissioning across the region. We were the first SCN in England to commission Neurological Commissioning Support to develop a baseline for neurological commissioning across the South West. This work has enabled us to focus the priorities for our Neurological Network. We have continued to build our relationships with organisations like MacMillan and the Atrial Fibrillation Foundation who are partners in our Early Diagnosis work for cancer and stroke prevention.

5.1. Cardiovascular Network

Cardiovascular disease is the second largest cause of death and disability in England. Much has been achieved over the last decade in the prevention and treatment of cardiovascular disease, however, there is still more to be done not only to improve mortality rates but also to improve the quality of life for those living with the disease. The South West Cardiovascular Strategic Clinical Network includes cardiac, stroke, kidney and diabetes care within its remit.

On July 18 2013, the first Cardiovascular Summit brought together patient and carer representatives, providers and commissioners from all over the South West and helped develop the work programme, which has three overarching themes:

- Prevention of ill-health by ensuring earlier referral and diagnosis of cardiovascular disease
- Optimised care and enhanced quality of life for people living with cardiovascular disease
- Improved recovery from ill-health through standardised acute models of care and improved management of emergency admissions to hospital

Our Achievements

In 2013/14 we have initially focussed on reducing hospital admissions and are currently piloting a project called Opportunities to PRevent Admissions (OPRA), under the following headings:

- Diabetic foot amputation (the pilot is being undertaken in Gloucestershire)
- Cardioembolic stroke in a patient with undetected AF (the pilots are being undertaken in Eastern Devon, and Cornwall and Isles of Scilly)
- Heart failure readmission within 30 days (the pilot is being undertaken in Somerset)
- Acute kidney injury readmission within 30 days (the pilot is being undertaken in Gloucestershire).

The OPRA audit tool provides a link across the whole patient pathway (e.g. primary, secondary and community care etc.) to identify and support the learning from individual cases, as a means of improving practice and preventing admissions. It is recognised that not every emergency admission can be prevented, but many are potentially avoidable through real changes in practice which can result from a review of such cases.

We are working with the Peninsula CLARHC to develop pathway modelling, using computer simulation to model the impact of response times and waiting times. This work has recently won the Exeter Impact Regional Partnership Award. The modelling work in turn informed improvement work in the Avon, Gloucestershire, Wiltshire and Somerset area, which was described in the Emergency Medicine Journal. The modelling has potential for further improvement work in other acute services such as cardiac surgery and renal services.

5.2. Cancer Network

Cancer is the leading cause of death in the South West. The generally older population, large geographical footprint and relatively sparse population density creates challenges for the delivery of appropriate and accessible services for cancer patients and survivors.

A Cancer Summit was held in July 2014 to discuss the implications of the NHS reforms for Cancer Networks and to understand the priorities for cancer in the South West. From this a structure for cancer clinical networking and mechanism for collective agreement and consistent commissioning in the South West has been established. The focus for the Cancer network is toward both early diagnosis and survivorship. This supports the single *NHS Outcomes Framework* measure for cancer, which is the reduction in early death from cancer.

The South West Cancer User Involvement Group has been established to create a mechanism for agreeing patient and public engagement priorities and provides a powerful voice in the network.

In keeping with its strategic role, the South West Cancer Network has developed the framework for enabling providers to adopt a more proactive role in maintaining the clinical networks on which cancer services are dependent. We are continuing to work with the nominated lead agencies for this work, University Hospitals Bristol NHS Foundation Trust and the South West Peninsula AHSN to implement this support.

Much has already been achieved by the Cancer network in building a new mode of working on the foundations of the legacy cancer networks. Our providers now run local clinical groups, which will be responsible for the local operational delivery of cancer services and will also provide clinical advice for the Network on the development of services. The Network also supports clinical network groups in five priority areas – Early Diagnosis, Survivorship, Children & Young People, Radiotherapy and Chemotherapy.

Our Achievements

- Baseline assessment - including cancer incidence, pattern of service provision and identification of local service issues.
- Development of Early Diagnosis Resource Packs for GPs and CCGs.
- Support to Macmillan GPs in local work with GP practices.
- National funded audit of patients diagnosed with cancer following an emergency admission
- Establishment of a South West Cancer User Involvement Group. The Group has received a review of the National Cancer Patients Experience Survey from each provider and agreed to run an event to share good practice.
- Provision of commissioning advice to CCGs and Specialised Commissioning.

5.3. Maternity and Children's Network

Whilst many maternity and children's health outcomes in the South West are comparable to, or better than the average for England, there is a considerable amount of effort required across the whole health and social care system to ensure that these outcome become comparable to the best in Europe. At the heart of the network is the knowledge that giving every child the best start in life is crucial to reducing health issues across the life course.

Stakeholder engagement to establish the network priorities began early in the network's life, prior to the launch event in July 2013, through consultation with a number of network stakeholders including provider and commissioning organisations. The launch event held in July 2013 outlined the priorities for the network and these were agreed at the first network steering group meeting held in October 2013. Working groups for each priority area have started work on the delivery of the work programme.

Our Achievements

A baseline assessment including clinical and public health indicators has laid the foundations for the development of a South West wide maternity dashboard which for the first time enables consistent benchmarking of services and provision across the region.

Transition from children's to adult services has been identified as a network priority. The Maternity and Children's SCN has enabled a collaborative approach bringing together commissioners and providers with patients and carers to develop an improvement plan to involve and benefit all those involved in the transition process. The team have been asked to join a National Working Party, lead by Dr Jackie Cornish, National Director for Children, Young People and Transition, to develop national direction on Transition services.

The network Maternity and Children's network identified a non-recurrent fund of £150,000 within the financial year 2013/14 to support the delivery of improved outcomes and patient experience within maternity and children's services across the South West. In December 2013 the network invited bids for allocations of £5,000-£50,000 to support projects which address the network priorities and have measurable outcomes by the end of March 2015.

The chosen projects include:

- A training programme for those planning End-of-life care for children and young people
- A medicines informatics system to improve palliative care prescribing
- An innovative Smartphone app for parents and acute health professionals, and a CPD training programme for primary care, both designed to improve the management of the 'big 6' acute paediatric conditions commonly presenting at A&E
- Research and evaluation of the Keyworker model for educational health care assessment and planning for children with long term conditions
- A review of community paediatric nursing services
- A film for those embarking on the journey to recovery from eating disorders

5.4. Mental Health, Dementia and Neurological Conditions Network

During 2013-14, the Mental Health, Dementia and Neurological conditions network has reviewed its work programme and structures in the context of the new NHS landscape and developments in the mental health, dementia and neurological conditions context nationally.

Our Achievements

The network has continued to progress the projects within the work plan including:

- Develop a programme of work to support CAMHS services regionally.
- Increase mental health and dementia commissioning competence across the health community.
- Support commissioners in developing appropriate psychiatric liaison services across the region with the publication of guidance documenting the evidence base for liaison psychiatry, and potential service models.
- Establishing a region wide suicide prevention collaborative, which will take shape in 2014-15
- Two events on the Crisis Concordat, the second of which had the National Clinical Director, Geraldine Strathdee and Norman Lamb, Minister of State for Care and Support, exhorting the attendees to take forward the concordat with renewed focus.

From a dementia perspective, the SCN, have focussed on ensuring quality in the following areas, with significant improvements in dementia diagnosis and improving access to diagnostic services.

- Improvements to Memory Assessment Services in particular to shorten unacceptably long waiting times to diagnosis after referral.
- Improving GP awareness of dementia and how to assess and manage it.
- Improving acute hospital standards of care for people admitted with dementia. The South West has standards of care, which all acute trusts are signed up to.
- Ensuring people have services to support them after they or someone they care for has been diagnosed with dementia.

A report by Neurological Commissioning Support (NCS) in 2013 shows variation in neurology services across the South West but also highlighted many areas of excellent and positive practice. The development and spread of pathways will be a key area of focus for the network to help reduce variation and optimise the use of resources.

- The network has drawn from this group of stakeholders to set up a Neurological Conditions Steering group, which will direct the work of the Network.
- The work begun in the NCS report has been expanded, with a more detailed overview of the provision of services for the five conditions, Epilepsy, Parkinson's, Multiple Sclerosis, Motor Neurone Disease and Brain Injury.
- We are focussing on optimising the pathway for Epilepsy and early work on managing this condition more equitably across the South West has started with the development of the First Fit Guidance. We have also started work on developing a framework for providing advice and guidance to provide expert neurological advice to GPs over the telephone.

5.5. Transformational Programmes

Working with our stakeholders we have identified a number of transformational change programmes aligned to the domains of the *NHS Outcomes Framework*. It is clear from the priorities we have developed that changes to outcomes can only be delivered through wider programmes, which encompass the full experience of our patients. By working across networks learning can spread between clinical areas whilst harnessing synergies on similar initiatives.

Through our engagement, and in alignment with national priorities, we have developed four programmes of work. The first phase of these programmes include:

- Parity of Esteem and Prevention
- Urgent and Emergency care
- Rehabilitation, Re-ablement, Survivorship & Self-management
- End-of-life care and Integration

Through this work we have also worked with other networks including Healthcare Scientists, Medicines Management and other professional networks to agree real and measurable benefits for our patients, services users and carers.

Parity of Esteem and Prevention

People with serious mental health issues die on average 20 years earlier than those without identified mental health problems. Conversely, people with poor physical health are at higher risk of experiencing mental health problems. We are working with Public Health England and the direct commissioners to identify the cohort of patients who will form the basis of the work of the Parity of Esteem programme. We have appointed a Programme Manager to lead this work who is working with commissioners and the networks to improve the uptake of NHS Health Checks, immunisation, vaccination and screening programmes. In addition, we are working with our medicines management colleagues on a medicines optimisation programme, which recognises issues such as cardio-toxicity of some of the anti-psychotic drugs. We are also working through the Improving Access to Psychological Therapies (IAPT) programme to improve access for patients with cardiovascular conditions.

Currently, England's rates of premature death are worse than those in many other European countries for big killers like cancer, heart and liver disease. Working alongside Public Health England's long established programmes such as smoking cessation and health screening which address the public health aspects of prevention, the initial focus of our work will be early diagnosis and effective management of conditions once they are diagnosed. The Prevention programme will work across all our networks.

Urgent and emergency response

The Urgent Response programme will work with partners to deliver improved experience and outcomes for patients and families needing access to urgent care services.

Following the approach taken by networks on pathways for the urgent care of Cardiac and Stroke patients in the past, work will focus on ensuring that robust network-wide protocols exist in the following areas:

- Pre-hospital management by ambulance trusts
- Guidance for GPs on urgent referral to secondary care
- Pathways in Emergency Departments
- Rapid access to appropriate ambulatory care clinics to reduce unnecessary admissions
- Information for patients, carers and their families

Initial work is focusing on urgent care pathways for Acute Neurology, in particular Epilepsy and Avoiding Hospital Admissions for Children for the six most common conditions presenting to Emergency Departments.

We have appointed a programme manager who will expand the Acute Neurology work in 2014-15 to include conditions such as Parkinson's Disease, Multiple Sclerosis and Headache. Following an audit undertaken by the Cancer Network work will start on improving the emergency management of patients with, or suspected of having, cancer. Opportunities also exist to support improvements for Crisis Management in Mental Health and the management of patients with Acute Kidney Injury.

Rehabilitation, Re-ablement, Survivorship and Self-management

Our population is growing older and living longer with multiple morbidities. With the emergence of new treatments there are an increasing number of people living with long term disabilities, all contributing to an increased demand on rehabilitation services. Rehabilitation can no longer be described solely in terms of specific diagnoses, because many people do not fit such categories or follow one specific disease pathway.

We have appointed a Programme Manager who has developed a programme to identify the many synergies in the rehabilitation pathways for different disease groups. The Integrated Rehabilitation programme is working with commissioners, providers, and patients and their carers to agree a high level, transparent pathway of delivery which is focused on patient needs. It is hoped such a pathway will increase the throughput of patients, reducing length of stay and improving the offer to patients and their families.

End-of-life Care and Integration

0.9% of the population dies in any one year, which equates to 47,000 people per year in the South West. There are two fundamental ambitions to work towards when considering end-of-life care. Firstly, to give all people with terminal illnesses the opportunity to discuss their end-of-life wishes, including where they would like to die. Secondly, should they make a choice, to ensure that the quality of care they receive is excellent.

The South West has a strong history of collaborative working and sharing of good practice, with a regional end-of-life care programme having been in place for some years. However, the South West's aging population and predominantly rural profile makes year-on-year increases in the number of people requiring end-of-life care, many outside of hospital, a challenge.

Adoption of this programme of work by the network allows comparison of patient experience across the whole population, highlighting some inequalities, for instance between the end-of-life choices available to cancer patients versus those with respiratory conditions. Our programme manager is working with commissioners to tackle these inequalities and develop disease specific guidance and care pathways.

Many of the issues relating to good care are about effective integration of services centred on the patient. Everyone Counts: Planning for Patients describes a modern model of integrated care as being one where patients experience holistic care which is joined-up and is a single tailored package for each patient. Our initial work is focused on working with the two Integration Pilot sites, Torbay and Cornwall. Our priorities for supporting the development of integration in the South West will include sharing of good and promising practice across the area. A key outcome for increasing integration will be the reduction in avoidable admission to hospital or long term care. We are also working with CCGs and social care colleagues towards the adoption of personal health budgets, initially for patients with continuing health care and later with those with long-term conditions.

6. Delivering Improvements 2014-16

6.1 Priorities for the Cardiovascular Network

The network priorities for 2014-16 are as follows:

Cardiac

- Develop the case for change for interventional cardiology
- Heart Failure - optimise disease management to delay progression and avoid exacerbations
- Reduce the number of cardiac surgery patients travelling out of area to receive treatment

Stroke

- Develop the case for change for stroke service configuration
- Atrial Fibrillation - increase case finding and the use of anticoagulants reducing cardioembolic stroke rates
- Acute Stroke - improve access to thrombolysis and acute stroke units within 4 hours of admission
- Stroke Follow-up - support the recovery and survivorship of stroke patients by reducing variation in service provision and implementing best practice

Diabetes

- Reduce variation in inpatient management of foot care to support reduction in lower limb amputation rates
- Reduce variation in provision of the 9 NICE recommended care processes in Primary Care

Kidney

- Introduce a care bundle approach for patients with Acute Kidney Injury (AKI) in primary care and the acute setting
- Increase the proportion of patients with chronic kidney disease properly prepared for renal replacement therapy
- Reduce the number of high risk patients with diabetes progressing to renal replacement therapy

6.2 Priorities for the Maternity and Children's Network

The network priorities for 2014-16 are as follows:

Reducing perinatal morbidity and mortality and improving maternal outcomes and experience:

- Developing a South West maternity dashboard to identify unwarranted variation in outcomes
- Development of an agreed model of care to prevent and treat major post-partum haemorrhage, reduce stillbirth rates, pre-term birth and admission of term babies to NICU

Improving maternal and infant mental health through early identification and expert management:

- Development and implementation of agreed South West-wide service standards to meet the recommendations of the NSPCC report *Prevention in Mind*

Reducing Avoidable Unplanned Hospital Admissions for Children and Young people:

- Establish consistent regional benchmarking against the RCPCH *Facing the Future* standards for the provision of acute paediatric services
- Spread of network-wide pathways for ambulance trust, Emergency Department, patients and carers, and GPs for children with the most common acute conditions that lead to emergency admissions.

Palliative/end-of-life care:

- Development and implementation of commissioning and provider standards to ensure accessible and equitable services across the South West

Long term conditions in children and young people:

- Seamless Education Health and Care assessment and planning for children, young people and their families

Transition of children and young people to adult services:

- Implementation of agreed measurable standards for all commissioners and providers

6.3 Priorities for the Cancer Network

The focus for Cancer network is toward both early diagnosis and survivorship. This supports the single NHS Outcome Measure for cancer, which is the reduction in early death from cancer.

Cancer Awareness and Early Diagnosis

- Support GPs to diagnose cancer earlier
- Reduce variation is GP access and use of diagnostics
- Improve diagnostic pathway for Colorectal Cancer

Acute Care Quality & Productivity

- Transfer of responsibilities to Cancer Operational Network
- Improve management of cancer related emergencies

Survivorship

- Implement The National Cancer Survivorship Recovery Package, starting with End of Treatment Summaries.
- Implement remote monitoring for stable prostate cancer patients

6.4 Priorities for the Mental Health, Dementia and Neurological Conditions Network

The network priorities for 2014-16 are as follows:

Mental Health

Comprehensive and accessible mental health support systems for children and young people across the South West and equitably excellent outcomes:

- Development of a comprehensive commissioning strategy for CAMHS implemented in each CCG in the South West.

To support the urgent and emergency care review and to ensure that those in crisis in the South West receive the help they require when and where it is needed:

- Development of a clear and accessible community led crisis pathway in each CCG area in the South West

A reduction in the number of suicides in the South West:

- Establish a forum for all stakeholders in the South West, including those out with the NHS, to share suicide prevention initiatives.

To enable all stakeholders to compare mental health outcomes nationally and identify and reduce variation:

- Early participation in the Mental Health Intelligence Network (MHIN) leading to a comprehensive MHIN accessible to all stakeholders.

High Quality, efficient, effective and integrated mental health commissioning practice across the South West:

- Development of mental health commissioning skills and expertise within SW CCG GP commissioners.

Dementia

Improving the health related quality of life of the people in the South West living with dementia:

- Supporting the timely diagnosis of dementia with immediate post-diagnosis support and long term self-management.

Improve the quality of life of those living with dementia:

- Optimising care for those living with dementia in hospitals.

Neurological Conditions

- To work with partners in urgent and emergency care focusing on epilepsy and acute headache
- The development and spread of pathways to help reduce variation and optimise the use of resources.
- Improve the quality and availability of data to help support improvements in care.

7. Risks or Challenges for 2014-16

The South West Strategic Clinical Network is in the unique position of providing a 'virtual integration' of organisations and the involvement of patients and carers, to ensure a collaborative and co-ordinated approach to the planning and commissioning of high quality and equitable services. It is essential then that the network be recognised as a valuable resource embedded in the local health community for it to function at its optimum and achieve improved health outcomes for patients, carers and their families.

The priorities agreed by the Networks cover the whole pathway from preconception to the end of life and are ambitious in their scale. Alongside this, the provision and commissioning of services is spread across both health and social care and involves a considerable range of organisations.

The delivery of transformational change during a period of significant change in commissioning structures will be challenging. The transition and interface between local commissioning and specialised commissioning will provide challenges for providers and commissioners alike. The Network plays a leading role in ensuring that this separation of commissioning does not impact on services for patients.

The challenging financial environment makes cross-organisational working more difficult. The risk is that innovative collaborative solutions, which could be tried previously, will no longer be able to garner support

With many players responsible for service improvement, eg. the AHSNs, the Operational Delivery Networks and others, the possibility of duplication of effort is significant and the SCN and Senate will need to work with all those entities to create the framework for delivery.

Risk	Magnitude	Mitigation
Lack of engagement from key stakeholders	Moderate	Continuous process of understanding and engagement with key stakeholders on their priorities.
Ambiguity about the role of the new SCNs amongst stakeholders and the possibility of duplication	Moderate	Process of adjustment for stakeholders regarding the role of SCNs
Failure to deliver key elements of the work programme	Moderate	Tough choices regarding selection of activities the SCN can contribute to, which will inevitably disappoint some stakeholders
Failure to recognise the contribution of the SCN to service improvements and other changes	low	Implementation of full communications plan including the launch of SCN and Senate websites
Poor quality data on which to benchmark services	Moderate	Targeted investments to solve individual data issues and shorten reporting cycles

8. South West Clinical Senate

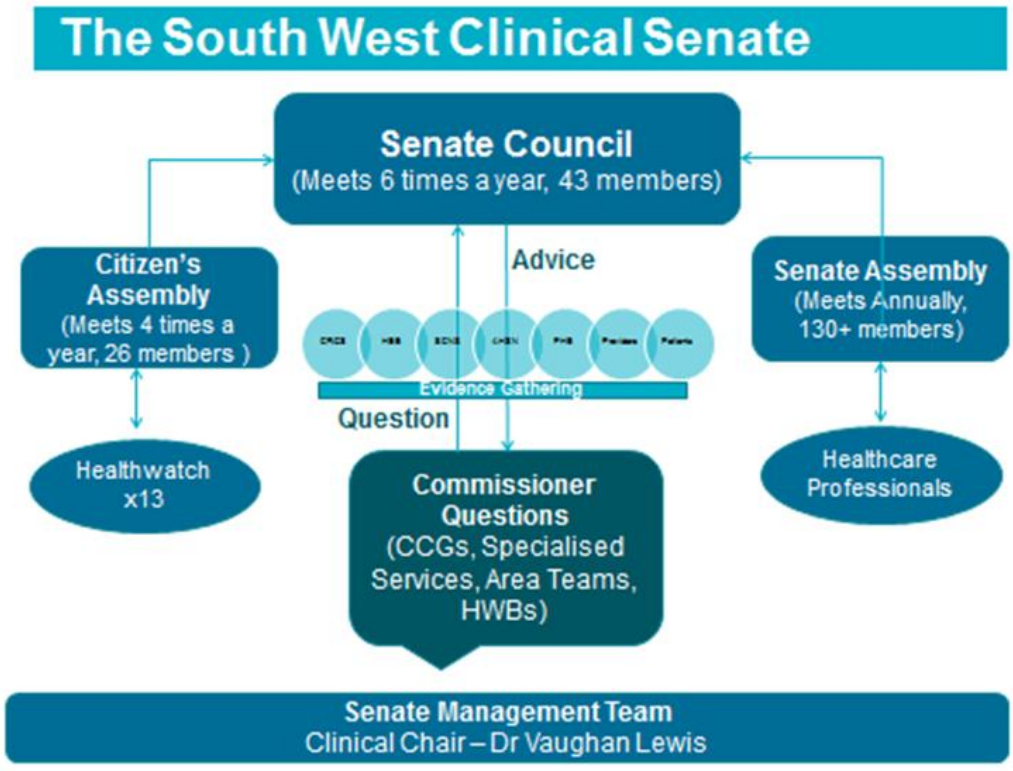
The South West Clinical Senate was established during 2013 to span professional groups and work alongside patient and public partners, Strategic Clinical Networks, Academic Health Science Networks, Public Health England and Health Education South West to support service reconfiguration and improve the quality of health and social care cross the South West.

By harnessing collective expertise and intelligence from across the region the South West Clinical Senate aims to establish itself as a valued partner in the new commissioning landscape and bring a renewed professional focus to the commissioning challenges facing health communities.

Objectives

- The Senate provides outcomes from its deliberations that are highly regarded and valued and are able to be implemented across the senate area.
- Is recognised as being valuable to the community and provides leadership in healthcare system transformation and reconfiguration.

Structure and Membership



Full details of the Clinical Senate membership can be found on our website:

Senate Council Membership www.swsenate.org.uk/senate-council/membership

Senate Assembly Membership www.swsenate.org.uk/senate-assembly/membership

Our Achievements

The key focus for the South West Clinical Senate over the last year has been in setting itself up as an entity as described in the *Health and Social Care Act* (2012) and beginning to build up a network of key stakeholders across the South West who both understand and support the work of the Senate. The Senate has:

- Appointed a management team
- Appointed an Assembly and from that a Senate Council
- Appointed a Citizen Commissioner and Citizen's Assembly through close work with regional Healthwatch organisations
- Held two deliberative sessions on 12th December 2013 and 23rd January 2014, and issued subsequent advice to commissioners.
- The first full Assembly meeting organised for 10th April 2014
- Linked in with and is working alongside other Senates nationally
- Developed a full Operating Principles policy and suite of operating documents to guide and govern the work of the Senate
- Launched its new website www.swsenate.org.uk
- Developed and implemented a Communications Strategy to further establish the Senate in order to build its reputation and develop its work plan

Risk or challenges for 2014-16

Whilst the South West Clinical Senate has both a communications strategy and risk register to understand and mitigate against the risks it faces, the main risks for the South West Clinical Senate as it looks forward are as follows;

- That whilst the Senate is still in its infancy it will not be possible to develop a fully prospective work plan of specific questions to go to the Senate Council Deliberative sessions that have come from commissioners in order to plan ahead and get the greatest benefit out of meetings.
- That the advice from the Senate Council is not implemented by commissioners, which will in turn have an impact upon the influence and reputation of the Senate.
- Clinical Senates nationally are to take on additional roles such as that of NCAT and will have to ensure that our governance reflects the complexity of the task.

Priorities for 2014-16

We have our first full Senate Assembly meeting in April 2014 and are working with our commissioners to develop the work plan.

Initial priority subjects for the Senate to address in 2014 include:

- Integrating acute and community in the South West
- Emergency Surgery

9. Our Priorities and Opportunities for Partnership Working 2014-16

The South West Strategic Clinical Network and Senate will continue to focus on the broad priorities we have identified during the first year of operation. Through *Everyone Counts*, we have ensured that these priorities have strong alignment with the national priorities.

We will aim to deliver these priorities through broad programmes that recognise the synergies across our four mandated networks and in discussion with our colleagues in the two Academic Health Science Networks. Our hosting arrangement and co-location with specialised commissioning in the South West means that we will continue to support the integration of specialised and local commissioning.

The South West SCN has established a relationship with the South West Respiratory Network and is supporting their work with the South West Peninsula and West of England AHSNs. During the coming year the Respiratory Network will continue to work with Specialised Commissioning on specialised respiratory pathways and provide clinical input into the re-procurement of home oxygen therapy.

During 2014-16 our key priorities will:

- Develop the case for change in support of the Urgent and Emergency Care review. This will include work on strategies for heart attacks, stroke, vascular services and trauma.
- Use the clinical expertise that we have developed over 2013-14 within the SCN and Senate to help support the co-commissioning agenda. We will do this through working in collaboration with our direct commissioning and CCG colleagues in order to support the primary care strategy and agreed national priorities.
- Progress the work on Parity of Esteem with measureable deliverables agreed through our partnerships with Public Health England and with the West of England AHSN which has identified mental health as one of their major priorities.

10. Financial Summary

South West Strategic Clinical Network Budget 2013-14		Allocation £3.6m
Core Team	staff costs	358,000
Cardiovascular Network	staff costs	255,000
	network allocation	200,000
Cancer Network	staff costs	195,000
	network allocation	200,000
Maternity & Children's Network	staff costs	183,000
	network allocation	200,000
Mental Health, Dementia & Neurological Conditions Network	staff costs	240,000
	network allocation	200,000
Respiratory Network	network allocation	50,000
Clinical Senate	staff costs	61,000
	Senate allocation	100,000
Quality Improvement programme team	staff costs	237,000
Health Community allocations	projects	650,000
Non-pay costs		471,000
	Total	£3,600,000

To find out more about the work of the South West Clinical Network and Clinical Senate please visit our websites:

www.swscn.org.uk
www.swsenate.org.uk

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South West Strategic Clinical Network

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