

# Six Month Review

Improving social care, health and wellbeing outcomes  
for people and families in Yorkshire and Humber

October 2009



# YHIP: the first six months

**Assistant Director:** Peter Flanagan.

The Yorkshire and Humber Improvement Partnership (YHIP) was established in April 2009 when senior health and social care leaders decided significant added value could be achieved by the managing of mental health, learning disability, children, older people and offender health programmes jointly. This six month review offers an early evaluation of our work to date.



Delays in confirmation of the budget meant we had to wait to employ the staff we needed. This delay explains the underspend seen on page 14. The Business Plan identifies in excess of 100 projects for this financial year and these pages present some highlights from work completed so far.

I believe the examples shown clearly demonstrate that YHIP is delivering on the quality, innovation, productivity and prevention (QIPP) agenda as well as efficiencies and supporting the transformation of social care. These issues are beginning to dominate the thinking of public sector leaders across the region as we enter a new era of financial uncertainty that will mean less 'real growth' money to invest – if any at all.

The following pages offer some excellent examples of our work illustrated by:

- hard edged improvements in performance, leading to better health of offenders and people with learning disabilities
- partnership working with health and social care commissioners to agree a high level pathway for mental health, published in a recent Health Service Journal
- clinical engagement in providing leadership courses in safeguarding for children's and CAMHS professionals, and

- work to engage senior leaders in committing to local action to support the dignity campaign.

The YHIP team manages programmes effectively and with a real drive to provide evidence of outcomes and the added value this delivers. We have strengthened our relationship with the Partnership Board and established clear health and social care sponsorship for all programmers to align our work with regional and local priorities.



# YHIP: the next six months

The Putting People First concordat (DH 2007) proposed a “single community based support system focused on the health, social care and wellbeing of the local population” binding together local agencies in collaborative working.



As we move into challenging financial times this model may become the only way forward. The recent Richard Operational Efficiency Report (HM Treasury 2009) flagged up the fact that most public sector care has separate funding mechanisms for receiving allocations of public resources to translate national policy into local delivery.

The reality is that people and families who need support access a variety of agencies including social care, housing, health, employment advice and transport. A more integrated way of working is required to take account of the challenges facing local people. YHIP is uniquely placed to provide support across a range of programmes which focus on the common issues facing people and also reflect the priorities of national policy. These are:

- commissioning
- personalisation
- social inclusion
- safeguarding, and
- prevention and partnerships.

## What might this mean?

***“Getting to grips with QIPP is our biggest strategic challenge. Radical challenges will require radical solutions”***

Bill McCarthy, Chief Executive,  
NHS Yorkshire and Humber.

***“We need to be confident we have the right people in the right places.”***

David Behan, Director General, Social Care  
Local Government and Care Partnerships

Thinking about our current planned activities in this new context, raises a number of possibilities:

- 1) By December 2009 we will have completed reviews of dementia services in all Y&H localities generating metrics and evidence of progress in implementing the National Dementia Strategy. If a typical local profile is that only about two thirds of people with dementia are known to services and at any one time about 40% of patients in acute hospital beds have dementia, what would a regional programme of change that addressed cost, quality and prevention for older people look like?
- 2) The “Total Place” pilots proposed in the Richard report which aim to map the flow of public spending in a given locality with the aim of joining up services to ensure more effective use of public money are already demonstrating large scale efficiencies. What would a regional programme look like for people with learning disabilities and mental health problems?
- 3) We know the cost of not getting it right for children is enormous. If we provide children with personal budgets and can demonstrate better outcomes, how might we translate this into large scale change across all care groups and sectors?

We will continue to support the delivery of sustainable change at a regional and local level to meet the needs of a rapidly changing environment.

# Learning disabilities

**Programme Lead:** Jenny Anderton

**ADASS Lead:** Moira Wilson **PCT Lead:** Rob Webster.

The learning disability programme has gone from strength to strength in the first six months of the year. We have continued to improve links with ADASS, SHA, PCT, Regional Govt office partner agencies, commissioners, service providers and with people and their families.



The programme is on target to deliver on the key priorities of Valuing People Now for 2009/10. This year we have changed our way of

working and delivered support in a bespoke way to meet the needs of each locality. We have also linked together all the programmes of work.

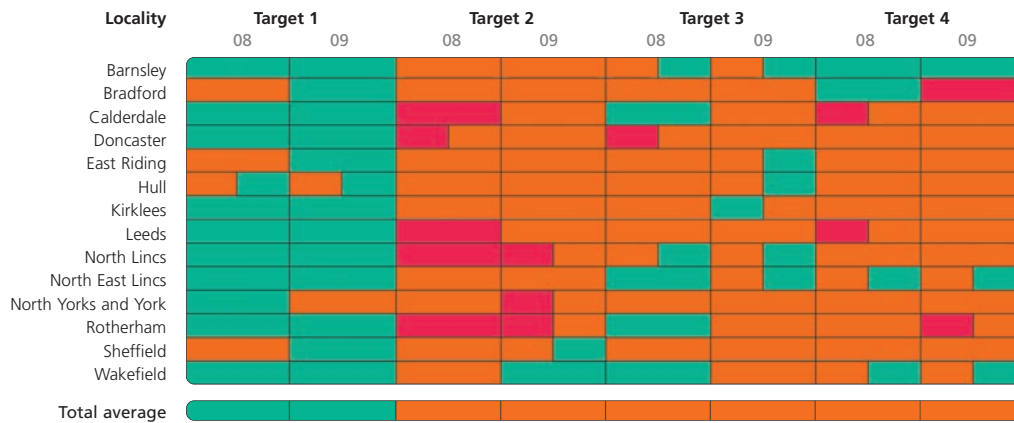
Valuing People Now KPI	Progress	RAG* Rating
Establish a regional programme Board by Oct 09.	Board Established.	●
Develop a regional delivery plan.	Plan Developed.	●
Ensure the personalisation agenda is embedded by the use of person centered planning.	Detailed analysis of person centred planning (PCP) in the region has been undertaken.	●
Increase the range of housing options PSA Target 16.	Support being given to each local authority to develop Housing strategies.	●
Increase employment of people with a learning disability.	Support being given to all PSA Target groups.	●
Improve the health of people with a learning disability in the region.	Second self assessment and performance framework completed.	●

\* Red, Amber, Green.

## Commissioning programme

A commissioning programme is being delivered made up of 6 modules running over 12 months with representation from all 15 local authorities.

One delegate commented: "Just want to let you know that the LD commissioning course is excellent. I have found the guest speakers informative and geared to practical working. The facilitators have created a working



Yorkshire & Humber SHA learning disabilities self assessment 2009 top target comparative progress: 2008 and 2009.

environment that has enabled an excellent exchange of information and support.” Stephen Brooks, Senior Commissioner.

The course has focussed on the concepts of commissioning, personalisation and change management. Now in a summer break during which participants are applying a commissioning for personalisation framework they have developed into the context of their work.

The programme will link with the reviews of person centered planning strategies that have been completed in 13 out of 15 LA areas. This is changing the way individuals commission and how support is commissioned strategically. Day service provision has been analysed in 13 out of 15 LAs and practice has changed to focus on employment and universal services.

## Performance and self assessment framework

This years review has found a general improvement in healthcare in the region. All areas worked very hard to complete this second self-assessment exercise and this year’s process in most areas has been more inclusive. There has been a greater level of engagement with people with learning

disabilities and family carers. The collection of accurate, baseline information about people’s health and about their access to health care was identified last year as a priority for work, and this has been effectively addressed over the past 12 months.

A Good Practice and Innovation Guide which pulled together the examples from the framework to share the learning across the region has been produced. This includes: campus closure (target 1), equalities and access (target 2), safeguarding (target 3) and health targets (target 4) (see the above diagram for more details). The framework was presented to David Nicholson, NHS Chief Executive, as an example of excellent practice and is likely to be an appendix to ‘World Class Commissioning’. All other regions are now required to implement this.



The recent decision by NHS Yorkshire and Humber to develop a LD Healthy Ambitions workstream was welcomed and YHIP was delighted to be asked to draft a relevant chapter, drawing heavily on the self assessment framework.

# Offender health and social care

**Programme Lead:** Angela O'Rourke

**ADASS Lead:** Mike Briggs **PCT Lead:** Allison Cooke.

The OHSC team is a regional resource and works with and on behalf of the region and all of the relevant stakeholders with the programme; being led nationally by Richard Bradshaw. The programme is performing well.



In addition to the projects agreed in the Business Plan we have also responded to other priorities:

- supporting the criminal justice system (CJS) in dealing with the H1N1 virus, incorporating planning and communications, and
- enabling World Class Commissioning by supporting PCTs in their development of service specifications for a number of specialised services.

We have been working with all of the localities in the region to support them in preparing for the implementation of the Offender Health and Social Care Delivery Plan (expected Oct/Nov 2009) and the Lord Bradley recommendations. The publication of the Lord Bradley report in June 2009 has resulted in effective partnership working with the mental health leadership group, the forensic catchment group and the valuing people team.

We have delivered training to 620 people in the first 6 months of the year, using recommended MH first Aid, MH awareness and Assessment, Care in Custody, and Teamwork (ACCT) methods. This has improved the understanding of issues relating to mental health and learning disabilities

amongst the criminal justice workforce.

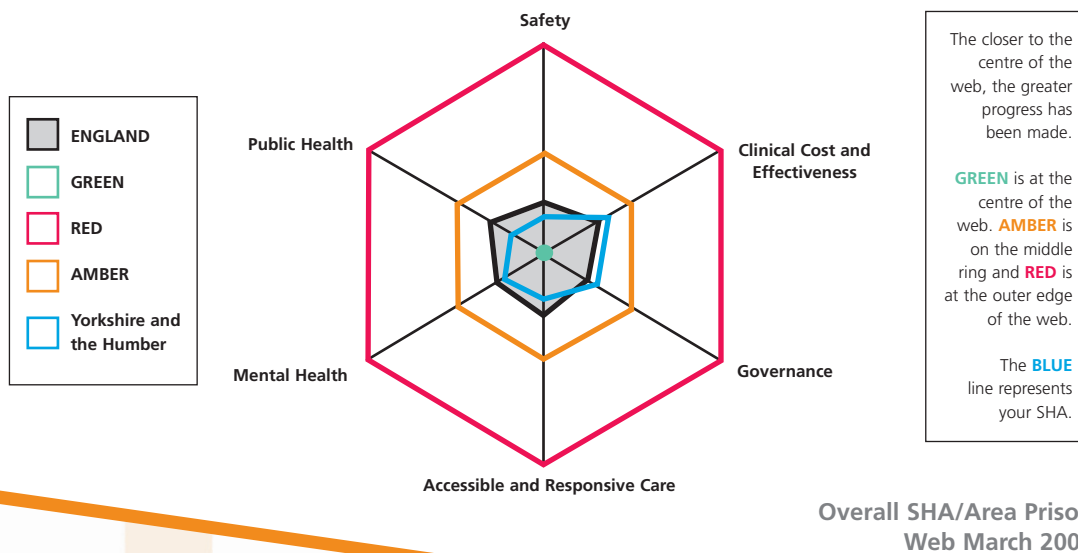
The team have delivered data back to all of the localities on health and social care needs of offenders that include; alcohol, hepatitis C, mental health, physical health and social care. This data is supporting the implementation of 'World Class Commissioning' and the delivery of local area agreements (LAA) outcomes.

We have worked with partners in ensuring that all prisons are live with System One (the NHS patient record). This has enabled prison partnership boards, PCT commissioners and providers to better understand local need, and therefore review provision accordingly.



Some examples of our work to support the implementation of Healthy Ambitions

include: training prison physical education instructors as health champion trainers, which in turn has facilitated the signposting of offenders into healthier lifestyles. Also, we have supported two localities to introduce health trainer champions into the criminal justice community services in Bradford and Wakefield.



## Prison health indicators

We have been working with all of the Prison Health Partnership Groups in the region to drive up performance and the attainment of the Prison Health indicators. In collaboration with our partners this has resulted in significant improvement in all of the indicators as shown in the diagram. The region is almost attaining green on all indicators and this demonstrates a high level of consistency in the care provided (see above diagram).

## Key performance indicators

The table below shows the team are on track to meet all KPIs. In addition the OHSC programme is on budget and has fully recruited all its staff. A regional governance structure has been established with all relevant partners and each of the 20 projects within the programme has a clear plan that identifies activity outcomes to be achieved, spread of best practice and cost.

Valuing People Now KPI	Progress	RAG Rating
A regional delivery plan for the OHSC strategy.	Signed off by YHIP board.	●
Enable commissioners and providers to achieve improvement on OH performance indicators.	Monthly minuted regional commissioning group.	●
Support the nation team in the deployment of connecting for health. (April 2010)	100% compliant, all prisons on target for going live.	●
Undertake a regional review of healthcare delivery in police stations, and consider options for future commissioning.	Data collection work with partners and service users underway.	●
Support SHAs and PCTs in adoption of World Class Commissioning principles.	World Class commissioning workshop held on 15th Sept.	●
Support the minimum waiting times for mental health transfers (April 2010).	Issues around data.	●

# Mental health programme

**Programme Lead:** Steve Stericker

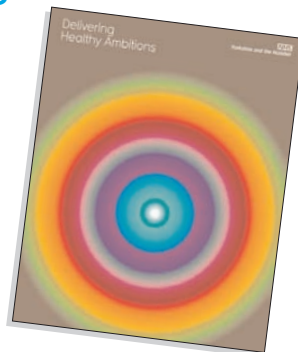
**ADASS Lead:** Jonathan Phillips **PCT Lead:** Ailsa Clare.

The mental health programme is aligned with regional and local mental health priorities in support of implementing Healthy Ambitions. We are delivering over 35 projects across 9 work streams. Some of the highlights of this work are described below.



## Intelligent/World Class Commissioning

A key requirement of Healthy Ambitions was to produce a suite of practical tools to support health and social care commissioning of high quality mental health services.



We delivered four products; an integrated health and social care pathway, an outcomes framework, a library of service specifications and a peer audit tool to measure progress.

## Outcomes

We have provided a 'high level' regional framework for commissioning mental health services against which localities can monitor progress. We have shared and spread resources to accelerate best practice. The region can now successfully measure progress against Healthy Ambitions priorities.

## Prevention and performance

**You (the customer) said:**

- North Yorkshire and York PCT asked for support to plan, project manage and develop comprehensive early intervention and psychosis services.

**We (activities):**

- provided consultancy advice re service re-design, evidence based practice and innovation
- provided practical support to develop service plans and business cases
- reviewed existing provision
- co-ordinated stakeholder consultation and engagement (including service users and carers), and
- provided support for commissioners.

**And, as a result (outcomes) . . .**

- reduced acute admissions
- improved recovery rates
- delivered financial savings, and
- commissioners have provided new funding and are seeking to fund full service expansion.



## Personalisation and employment

The themed review of mental health services identified mental health and employment as the highest priority for development. In addition the SHA was concerned about the impact of the downturn upon individual's mental health and redundancy.

We provided an evidence based analysis for commissioners and stakeholders about the regional costs of mental health and unemployment. We also set up a research project on the impact of the recession on mental health. We have set up a network of practitioners with over 200 members and an academic network from across the region as well as an 'experts by experience' group of 30 service users.

We have established an 'employers hub' with a suite of resources and tools to help manage mental health in the workplace. We produced a leaflet 'Staying mentally healthy following redundancy' and circulated 10000 copies to GP surgeries. There has been extensive uptake of 'line manager training' with over 300 trained across the region and a further 200 trained in 'job retention'.

### Outcomes

- increase in the spread of evidence based practice and implementation of 'what works'
- increase in line manager's ability to support

people with mental health needs in work

- increase in the number of people staying in work, and
- increased confidence of health and social care professionals working with mental health and employment.

## Delivering Race Equality (DRE)

### You (the customer) said:

- Sheffield Foundation Trust wanted to build cultural competence and clinical leadership in DRE.

### We (activities):

- established a clinical forum for senior clinicians
- provided consultancy to a crisis resolution team to lead Enhanced Pathways In Care Project (EPIC)
- secured funding to 'roll out' EPIC to people of Afro Caribbean heritage, and

### And, as a result (outcomes) . . .

- EPIC cited in New Horizons and published in International Review of Psychiatry.
- reduced length of patient stay in acute care
- mainstreamed care pathway approach, and
- anticipated improvement in relation to DRE Dashboard and Count Me in Census.

# Children, young people and families programme

**Programme Lead:** Sue Bottomley **PCT Lead:** Chris Long

**Director of Children's Services Lead:** Alison O'Sullivan.

All 25 of our projects are on target to deliver 100% of the business plan for 2009/10. The team has also been flexible in responding to the emerging priorities of safeguarding and midwifery leadership.



## Clinical engagement

We were asked to improve leadership development for safeguarding doctors and nurses. To achieve this we worked with a clinical forum to establish the need, commissioned an accredited leadership course and evaluated it.

## Outcomes

The course linked leadership theory with safeguarding children practice. It gave participants the confidence and skills to influence change. They were given evidence based methods and the opportunity to practice these in a safe environment. This enabled the 24 participants to apply the techniques they had learned immediately within the practice environment, leading to safer services.

We also worked to improve leadership for front line workers in CAMHS. We worked with commissioners and providers to determine need and commission the course. Now 22 people have completed this course leading to 10 quality improvement projects in localities focused on efficiency and improvement.

## World Class Commissioning

**You (the customer) said:**

- we want to improve palliative care for children.

**We (activities):**

- co-produced a commissioning tool
- hosted a master class
- worked with the palliative care network to strengthen commissioning
- developed a modelling tool on Better Care, Better Lives Policy, and
- worked with children's hospices to focus on delivering home based care.

**And, as a result (outcomes) . . .**

- access to high quality care focused on improving outcomes
- improved experience of palliative care
- improved choice and access, and
- cost benefits.

**You (the customer) said:**

- help us improve maternity services

**We (activities):**

- developed in partnership the Maternity Matters implementation group, and



- supported implementation action plans and developed service specifications.

**And, as a result (outcomes) . . .**

- all localities have service specifications
- responsive, safer care for women and children, and;
- all women have choice in maternity care.

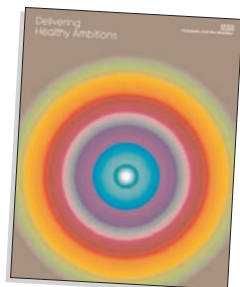
## Healthy Ambitions

**You (the customer) said:**

- you wanted to reduce asthma admissions.

**We (activities):**

- established an expert reference group
- surveyed admission patterns
- delivered regional clinical summit
- extra £75,000 into region through impact project
- developed a care pathway, and
- established four pilot sites.



**And, as a result (outcomes) . . .**

- reduce the admission rate for acute exacerbation of asthma by 50% by 2011, and
- improved prescribing and long term support for young people.

**You (the customer) said:**

- improve urgent care in CAMHS.

**We (activities):**

We worked with the commissioning group to:

- develop a CAMHS service improvement directory
- enable access to 'off the shelf' tools to support innovation
- focus on improving attainment of Vital Signs, and
- capacity & demand tool for effective commissioning and provision.

**And, as a result (outcomes) . . .**

- improved waiting times and access to services in two localities, and
- demonstrable evidence of comprehensive CAMHS including 24 hour access, age appropriate services and services for children with learning disabilities (Vital Signs).

## Choice & control

We supported six pilot sites to develop Personal Budgets for young people with disabilities. With support they implemented person centred approaches to transition planning with the development of a pathway for young people.

60 children have Personal budgets. More young people have person centred plans and are exercising choice and control.

# Older adult programme

**Programme Lead:** Sally Rogers

**DASS Lead:** Derek Law **PCT Lead:** Ivan Ellul.

The older adult programme is focussing on dementia, early intervention and prevention. A programme board will oversee this work. Representatives include people from partnership boards and elected member champions.



## Dementia

In anticipation of the national dementia strategy (NDS) our preparatory work has:

- informed commissioners about the types of services and key issues the region want to see prioritised
- mapped dementia cafés across the region increasing commissioner's understanding of models used and their cost efficiency
- established a regional dementia group co-chaired by a PCT chief executive and director of adult social services, and
- produced a demographic report identifying by locality the predicted scale of dementia now and in the future (see graph opposite).

Following publication of the strategy we:

- have delivered 3 sub regional launch events documenting how localities are progressing implementation, sharing innovation and ideas for early cost efficiencies
- launched our 'Understanding dementia stigma' project which was very positively received at the International Dementia Conference in York
- are currently involved in peer reviews with each health and social care economy using an agreed set of metrics and multi disciplinary teams. These will inform action plans for each locality and increase understanding of the

scale of change required across the region

- developed a NDS network to facilitate sharing and spread of best practice, and
- supporting our 4 successful national demonstrator sites in Leeds, Bradford, Wakefield and Kirklees.

## Dignity and safety

We continue to support the 1250 dignity champions across the region to share their ideas and initiatives. However we are committed to increasing this number further.

### You (the customer) said:

- there is a lack of senior leadership in respect of dignity in care.

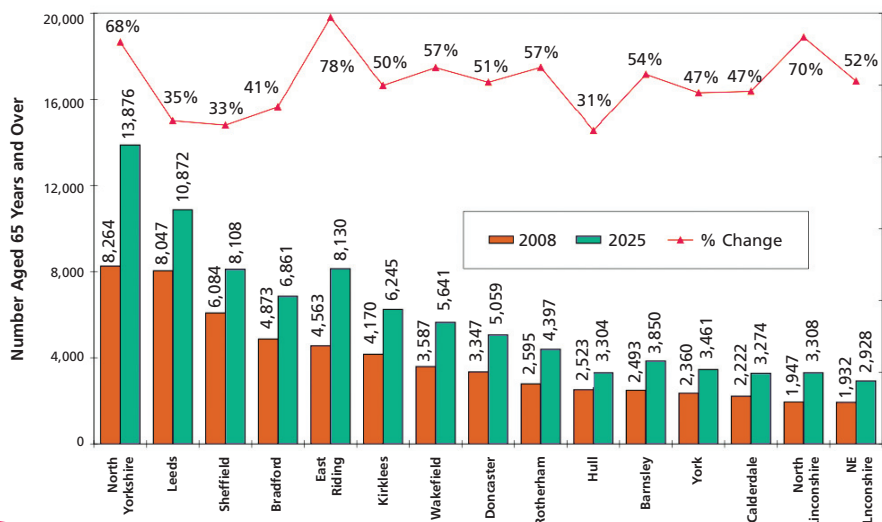
### We (activities):

- delivered a high profile leadership and innovation event on with over 250 senior managers attending. Sir Michael Parkinson chaired a Question Time panel including the care services minister, Phil Hope. Interactive theatre highlighted Dignity and Safeguarding issues.

### And, as a result (outcomes) . . .

- exceeded our year end target of 60% increase in dignity champions
- over 30 localities shared their innovation, and

**Number Predicted to have Late onset dementia**  
Yorkshire & Humber 2008 & 2025 by local authority district



- 94 senior managers made dignity change pledges (see quote below).

*'I will concentrate less on policies, procedures and systems and more on people to promote dignity, respect and courtesy for users of our services'.*

We have showcased innovation and quality improvements through information market places and online communication. Examples include:

- Airedale – dignity initiatives Lean

principals, mixed sex accommodation, LD

- Barnsley – self assessment toolkit for LD staff/carer 'Keep in Touch'
- Doncaster – training toolkit for care home staff
- Sheffield – care home olympics initiative
- Dewsbury – communication support for stroke patients, and
- Kirklees – posters, beer mats, dignity audits, care mapping.

Key Performance Indicator	Planned End Date	RAG Rating
Increase the number of dignity champions in each region by 60% by 31st March 2010 in line with the National Target of 10,000.	Mar 10 (exceeded).	●
Identify at least two dignity in care local priority themes in each region by September 2009.	Sept 09 (completed).	●
Ensure regional dignity champions are informed about regional activity and opportunities through a monthly update.	March 10 (ongoing).	●
Develop a permanent staffing arrangement to deliver the outcomes specified in the regional delivery plan by September 2009.	Sept 09 (completed).	●
Each region to identify at least three existing local networks/organisation in each local authority area that dignity champions could join to take forward their work.	Mar 10 (predicted Feb 10).	●

# Contacts

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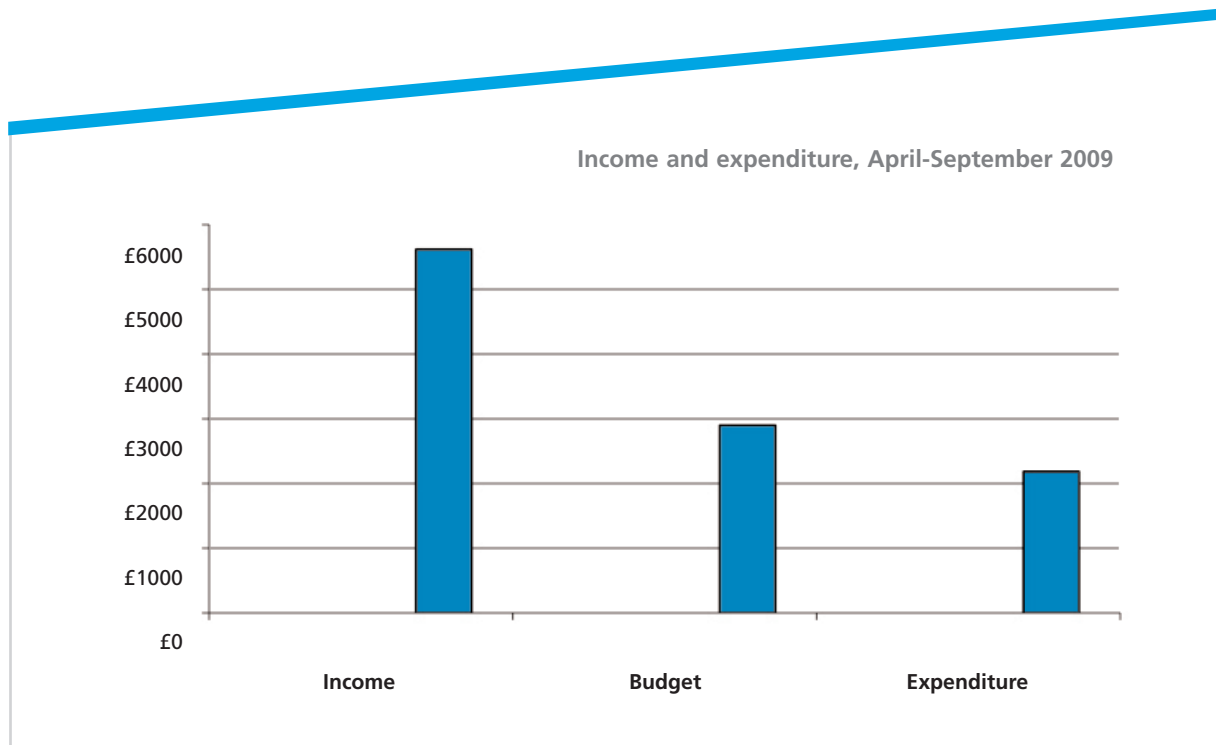


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# Finance

YHIP has an annual budget of £5.6million. Of this £5.2 million is specific to 2009/10 income and £404.5 thousand brought forward to cover 2008/2009 liabilities. This in turn determines a half year budget of £2.9 million and includes April-September expenditure of circa £2.22 million.

Figures show YHIP running at an underspend rate of around 25%. Current underspend is committed to slippage on workstreams/posts. It is anticipated that all funding will be spent by the end of the financial year with the exception of funding specific to fixed term appointments which will be carried over into the new financial year.



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