

East Ayrshire CHP Committee

4 October 2010

Subject

**Your Health: we're in it together –
Overview of Priority Workstreams and
Implementation Programme.**

Purpose

**To present an overview of the aims, and
intended outcomes of the Priority
Workstreams, as well as the routes of
accountability and reporting for the
implementation programme.**

Recommendation

**To note the breadth of the work
programme, to consider the actions
required of the CHPs and agree
arrangements to take forward Priority
Workstreams to contribute to the
delivery of Your Health implementation
plans.**

1. Background

- 1.1 Between the beginning of August and end of October 2010, NHS Ayrshire and Arran conducted a wide ranging consultation programme designed to continue discussion on the strategic principles set out within the first draft of Your Health: we're in it together.
- 1.2 This programme sought feedback on how NHS Ayrshire and Arran had interpreted the initial feedback from stakeholders to develop a clear strategic direction for service delivery, with the intelligence gathered providing the basis for the creation of the final strategy and associated action plan.

1.3 During Consultation, the following key messages were received from the Community Health Partnerships in Ayrshire and Arran:

- Overall support for the strategic vision and proposed new ways of working;
- Better and easier access to appointments systems;
- Reducing and tackling health inequalities – health improvement, self management of long term conditions;
- The use of treatment and care pathways;
- Ensure ongoing engagement and dialogue with communities, must include seldom heard groups; and
- Support for telehealth in remote and rural areas.

1.4 In response to this, the authors of Your Health: we're in it together set out the following strategic intent:

- There will be a strong local health service supporting people in their day-to-day lives to get the best from their health. Within this, there will be less need for treatment and where specialist care is needed the patient pathway is integrated and seamless. The overall theme is of partnership between the individual and the community with the NHS and its public sector partners.

In addition to this, the following areas for action were identified:

- Improving Access to Primary Care Services – to look at easier access to all services with an early focus on GP appointment systems;
- Use of Lifestyle Interventions and Alcohol Brief Interventions and the adoption of an enhanced Community Nursing Model to support proactive case management;
- Reduced demand for hospital services through improved patient pathway and community service provision in the following: dermatology, ophthalmology, orthopaedics and respiratory;
- Transforming Relationships: improved ownership of NHS through continuous engagement and co-production approach;
- Reduced demand for hospital services through use of telemedicine and telehealth.

1.5 At its meeting on 09 December 2009 Ayrshire and Arran NHS Board endorsed the strategic intent set out within Your Health and, in doing so, agreed to:

- deliver the cost neutral recommendations;
- support the continuation and further development of public engagement;
- agree to the principle of shifting the balance of care through redesign of services within the local health system; and
- align recommendations with associated costs to other strategic imperatives through the agreed prioritisation process.

1.6 In endorsing Your Health, the NHS Board acknowledged the magnitude of the required change, as well as the complexity and challenging nature of the associated recommendations. In addition to this, Board Members identified the need to integrate the strategic direction set out within the strategy with that agreed through Review of Services and Mind Your Health

- 1.7 Members confirmed their desire to see these progressed as expeditiously as possible with regular and direct feedback to the NHS Board, thereby ensuring an open and transparent approach to reporting progress against plan.
- 1.8 In response to this, the Chairman of the NHS Board agreed to establish a small, short-life Senior Monitoring Group to oversee the implementation of Your Health.
- 1.9 At the same time, the Director of Primary Care Development worked with the Healthcare Directors to agree the priority workstreams that would be established to progress the implementation of Your Health.
- 1.10 A meeting of key managers involved in the delivery of the Your Health Programme Board met on 27th April 2010.
- 1.11 This group:
 - a) Endorsed the 13 priority workstreams for the forthcoming year.
 - b) Allocated key leads to these priority workstreams.
 - c) Asked the leads to submit project initiation documents to support these workstreams.
 - d) It was agreed that where activity was already underway it would be sufficient to pass on existing project documentation to allow fitness to Your Health to be assessed.
- 1.12 The group also noted that:
 - a) The priority workstreams did not cover the entire range of services and cultural change anticipated in Your Health; and
 - b) In order to maintain momentum on these areas further organisational development work may be required
- 1.13 This paper has been prepared for the Officer Locality Groups and the CHP Forums. Thereafter it is expected that a paper will be submitted to the CHP Committees asking the CHP Committee to approve locally agreed CHP actions to support delivery of Your Health implementation plan and associated work streams.

2. Current situation

- 2.1 The Healthcare Directors discussed the methodology to co-ordinate the activities of each workstream on Tuesday 22 June 2010 and agreed that the Corporate Programme Office should devise a standardised performance reporting proforma to enable the Workstream Leads to begin reporting through the line management structure of the organisation.
- 2.2 These progress reports will be reviewed monthly at the regular Healthcare Director Meetings and reported six-weekly to the Senior Monitoring Group.
- 2.3 Furthermore, the Community Health Partnerships (CHPs) have expressed a desire to see periodic progress reports. It has therefore been agreed at Strategic Alliance that this paper should be considered firstly, by the Officer Locality Groups (OLGs), then the CHP Forums, with a paper containing recommendations from the OLGs on the implementation of their designated workstreams then being presented to the CHP Committees.

2.4 Finally, it should be noted that throughout this period, engagement with local communities has continued and the attached Stop Press Extra (**appendix 1**) provides a flavour of both the progress that has been reported.

3. Proposal

3.1 A short synopsis of the 13 workstreams is given below.

Workstream	Expected Your Health Outcome	Lead
Lifestyle	Improved population health through provision of practice and community based lifestyle models	Grace Moore
Dermatology	Reduced demand for hospital attendance through improved patient pathway and community service provision.	George Robertson
Ophthalmology	Reduced demand for hospital attendance through improved patient pathway and community service provision	George Robertson
Orthopaedics	Reduced demand for hospital attendance through improved patient pathway and community service provision	Duncan Pollock/ Maire Currie
Respiratory	Reduced demand for hospital attendance through improved patient pathway and community service provision	Duncan Pollock
Long Term Conditions	In preparation for the end of the Long Term Conditions Collaborative, mainstream work to ensure appropriate, proactive case management of individuals with long term conditions to improve their health, enhance the level of community-based management and reduce their need for acute hospital admission	Jean Hendry
Co-Creation / Self-Management	Achievement of the cultural change required amongst patients and clinicians to promote and secure the benefits from self management	Jean Hendry
Telehealth	Reduced demand for hospital attendance through remote access by using new technical solutions for patient monitoring and care	Ann Gow
Transforming Relationships	Improved ownership of NHS by local communities. Engagement of individuals in both health seeking and health providing behaviours	Andrew Moore

Workstream	Expected Your Health Outcome	Lead
Mental Health	Improved community service provisional satisfaction	Linda Boyd
ABI	Achievement of HEAT target	Carol Fisher
Improving Access	Demonstration of improved access to primary care services, particularly GP appointments	David Rowland
CHP Profiling	A thorough understanding of the health needs of populations at small community levels, the services offered to address these needs and any identified gaps	Jean Hendry

3.3 The Assistant Director: Service Futures has agreed to organise and host an event for all Priority Workstreams to identify with full clarity the expected benefits for each workstream, assess plans and identify risks for each area. The outputs from this work will be reported to Delivery Monitoring Group as soon as it becomes available.

4. Resource implications

4.1 The Workstream Leads have been instructed to deliver their plans within existing resources.

5. Conclusion

5.1 CHPs are invited to note the breadth of the work programme, consider the actions assigned to the CHP and agree arrangements to take forward relevant work streams and other actions to contribute to the delivery of Your Health implementation plans.

Paul Ardin
Director of Primary Care Development

22 June 2010

[David Rowland]

