

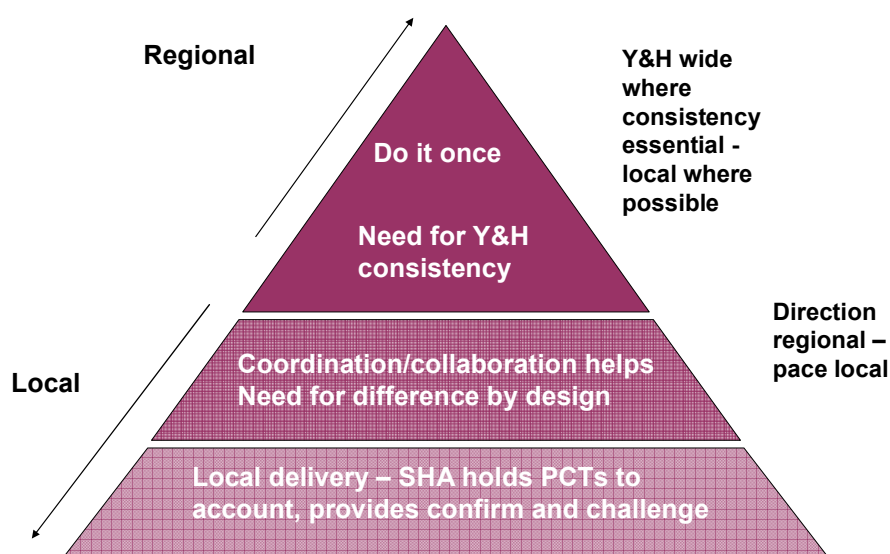
## IMPLEMENTING HEALTHY AMBITIONS

This paper provides an update on the implementation of *Healthy Ambitions* – our regional strategic service framework for improving health and health care.

### Background

In September we outlined a framework for delivery at three levels.

### Next steps: Levels of delivery



Lead PCT chief executives, together with the clinical leads for each pathway, have been reviewing the recommendations against these three levels and submitted a report to the SHA in September. I be incorporated into the proposed document “*Delivering Healthy Ambitions*” for publication next year.

This paper reports on progress at each level, together with progress on communications and engagement.

### Local level of delivery

As anticipated, the bulk of recommendations are for implementation at a local level. We asked each PCT to prioritise the recommendations in *Healthy Ambitions* in light of the needs of their local community and the current position of their services. We have now, with the help of our Clinical Reference Panel, reviewed all the PCTs’ draft strategic plans against *Healthy Ambitions* and fed back detailed comments. The plans have then been revised, and will be assessed as part of the world class commissioning assurance process during late 2008 and early 2009.

Our assessment revealed that:

- All PCTs have made efforts to align their strategic plans with the Healthy Ambitions recommendations
- Most PCTs have described the action that they will take to make the recommended improvements in the areas considered to be region wide priorities for urgent action e.g. stroke.
- It is evident that some PCTs have carried out an in depth analysis of:
  - the recommendations in *Healthy Ambitions*,
  - the extent to which different pathways should be prioritised locally, and the work that they will need to take forward.
- Some PCTs have made full use of the more detailed models of care described in *Healthy Ambitions* and the underpinning clinical pathway group reports.

### **Regional level of delivery**

Working with our PCTs we have identified a number of areas where the recommendation was best implemented at a regional level. Regional action encompasses both action by the SHA itself, and action led by the Specialised Commissioning Group (SCG) which is the body with delegated authority from the 14 PCTs to make specialised commissioning decisions.

There are a number of significant regional pieces of work, which will support and ensure local delivery. These include:

- developing performance indicators for each pathway. In some instances, these could be part of contracting dialogues between PCTs and providers.
- developing better primary care intelligence to allow practices to see how they are doing on key quality indicators. The first phase of this project is now complete, with over 800 practice profiles now available across Yorkshire and the Humber. This is part of our commitment to tackle variation in primary care.
- starting to commission regional reviews in those areas recommended by the clinicians. The regional reviews will begin with a review of vascular services to be carried out by the SCG.
- assessing the workforce implications of *Healthy Ambitions* and then turning that into the education commissioning strategy for the region
- considering the development of a regional social marketing support unit, to drive some of the behavioural change implicit or required in some of the model pathways
- work to develop a strategy for clinical leadership and engagement – this will seek to ensure that there is support for key clinical leaders and that key initiatives (e.g. the development of a clinical leadership network making use of Connecting for Health resources) are in line with the direction of travel outlined in *Healthy Ambitions*.

### **Cross-regional or sub-regional levels of delivery**

A key principle that the PCTs have adopted as part of designing implementation is that we should use existing infrastructure as much as possible. There are two key sets of vehicles therefore which PCTs are looking to utilise. In addition to the Specialised Commissioning Group mentioned above, these are:

- the PCT Collaborative – the 14 PCTs have formed a collaborative which enables them to work together on key projects. This enables them to co-ordinate effort and “do once and share” wherever possible. The PCT Collaborative has undertaken a review of clinical networks across the region, and identified where these networks should be driving implementation.
- Networks – there are a range of networks in place with different governance, and terms of reference. The Review of Networks carried out by the PCTs has identified the need to be explicit about the governance arrangements in place. For the implementation of *Healthy Ambitions* there are some key networks e.g. the three cardiac networks, each chaired by a PCT chief executive, will take responsibility for ensuring implementation of the cross-regional elements of the model stroke pathway.

### **Oversight and monitoring of progress**

We have now established the Healthy Ambitions Oversight Board, chaired by the SHA Chief Executive, with membership both from the NHS chief executive and clinical community. The Board’s purpose is to oversee the transition from the model pathways outlined in the report, to concrete plans of action embedded within mainstream processes.

We have now mapped out what needs to be done to publish a document *Delivering Healthy Ambitions* and the timetable for publication is February 2009

### **Communications, engagement and feedback**

Since the publication of *Healthy Ambitions* in May, there have been a wide range of events and opportunities for staff and stakeholders to hear and offer feedback on the content of the report, and on the design of implementation. Alongside these events, there have been numerous discussions at local levels where *Healthy Ambitions* has formed the backdrop for the development of local strategies.

In addition, we have had a number of written comments from organisations and individuals on the report. The feedback has been properly documented, and will be reported in our publication in early 2009.

### **Conclusion**

Significant progress is being made in seeing the transfer of the model pathways in *Healthy Ambitions* into practice. There is still however more work to do to address the key risks around implementation. We need accountability for the cross- regional elements for all the

pathways; and to widen leadership and engagement of clinicians.