

Information Prescription Pilot – Delivery Plan
South Staffordshire Healthcare NHS Foundation Trust

	Pilot Site	Activity	Timescales
1	<p>Key objective and desired outcome</p> <p>Key milestones</p>	<p>Project Objectives</p> <ol style="list-style-type: none"> 1. To develop information prescriptions that reflect <ol style="list-style-type: none"> i. Content – decide which information content young people and those supporting the young person should be given and pointed to. ii. Process - the process by which a personalised information prescription is created which will contain evidence based information at a specific items listed in the directory for a specific point on a care pathway. iii. Delivery - the process and format by which the information prescription is issued to the young person or person supporting the young person. iv. Partnership working – with young people, those supporting the young person and IT departments, libraries, statutory and non-statutory agencies to develop information prescriptions. 2. Work with other pilot sites and the evaluation team to share learning and contribute to problem solving. Participate in regular meetings convened by the evaluation team. 3. Answer the questions identified in the Specification to assist in the evaluation of the pilot. 4. Access to other websites and providing links – sports centres etc 	
		<p>Start Pilot work with steering group to identify high level pathway with key information/choice points. Define 'Information Prescription' Develop Partnership Agreement Start Publicity of Pilot Start investigation of information resources required Train youth workers in information retrieval methods</p>	<p>January 2007</p>

	Pilot Site	Activity	Timescales
		"That Place" opens Development of pilot multi-agency access information template/s Agree process of dispensing information. Create information resource	March 2007
		Implement information prescriptions Evaluation of effectiveness of information prescription templates/ processes and adapt in response to evaluation. Evaluate information resources used	May 2007
		Development of Information Prescription templates for 2 further identified information/choice points Evaluate information resources used	August 2007
		Evaluation of effectiveness of information templates/processes and adapt in response to evaluation	October 2007
		Evaluation of pilot project	January 2008

	Pilot Site	Activity	Timescales
2	Project management arrangements	<pre> graph TD A["Department of Health Via The Consortium"] <--> B["Project Lead & Project Manager Weekly meetings to oversee project"] B <--> C["Accountant"] B <--> D["Project Working Group Monthly meetings This group will be able to initiate project work and evaluation Project Leads 'That Place' Staff Audit Staff PPI Representative Assertive Outreach team manager Trust Associate Director Library Staff"] D <--> E["Steering group of 'That Place' Meeting Monthly This group will ratify/approve policies, paperwork etc and obtain 'sign up' by their respective organisations."] F["Young People's Forum Reference group for 'That Place'"] <--> E </pre> <p>The diagram illustrates the project management structure. At the top is the Department of Health, which interacts with the Project Lead & Project Manager (who hold weekly meetings) via The Consortium. The Project Lead & Project Manager also interacts with an Accountant. Below them is the Project Working Group, which meets monthly and includes Project Leads, 'That Place' Staff, Audit Staff, PPI Representative, Assertive Outreach team manager, Trust Associate Director, and Library Staff. The Project Working Group interacts with the Steering group of 'That Place', which meets monthly and is responsible for ratifying/approving policies and paperwork. The Steering group also interacts with the Young People's Forum, which serves as a reference group for 'That Place'.</p>	

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	Stakeholder engagement & ongoing support	<p>Key stakeholders in this project include:</p> <ul style="list-style-type: none"> ○ Primary care/GP's – additional support through East Staffs Primary care mental health lead ○ Education – additional support through School based CAMHS services ○ Hard to reach groups – support will be given by the project lead and REC through community leaders ○ Youth centres – additional support through Connexions ○ Criminal Justice services – additional support through YOT's <ul style="list-style-type: none"> ● "That Place" will be staffed by trained people from multiple agencies including service users and carers, who can engage with young people and signpost them to immediate effective help and support. ● 'That Place' will act as an information hub, providing information, self help materials, internet access, group work, skilled staff providing direction, counselling, practical advice and support. ● The Project will develop a systematic approach to information prescriptions that is able to be subjected to rigour. ● This will apply to everyone who comes into contact with "That Place" – young people, families, professionals and other agencies. ● 'That Place' is a multi-agency resource centre; all stakeholders are fully committed to working together and will sign up to a partnership agreement. There is low risk of stakeholders withdrawing from the pilot project; upon notice of withdrawal a contingency plan will be developed. ● The pilot will report monthly to the 'Steering Group' meetings of 'That Place'; the Trust's Foundation Management Team meetings and to the Consortium by agreement. ● A website for 'That Place' will be created; information will also be available on the Trust's website. ● The project lead will inform the 'South Staffordshire Health Information Network' of progress of the project. ● Links will be made into existing CPD opportunities e.g. GP's protected learning time events. ● Information searching/retrieval/appraisal training will be available to the Centre staff via Library services. 	

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3	Coverage	<p>“East Staffordshire district is situated in the eastern part of Staffordshire. It is a well varied district with two major towns, Burton-upon-Trent and Uttoxeter as well as a large rural hinterland which is interspersed with a number of villages of varying size. Towards the north of the district the Weaver Hills are an upland area bordering on the Staffordshire Moorlands and the Peak District National Park.</p> <p>The district shares a considerable border with the East Midlands region, and as such has a lot of interaction with parts of the region including Derby, Leicester and Nottingham. Burton, however, acts as a significant service hub, and Uttoxeter has experienced further recent development following the completion of the A50 upgrade.</p> <p>Traditionally the district has been heavily influenced by agricultural industry, general manufacturing and the production of food and drink in particular. There has been a recent element of restructuring in the local economy with further development in the service sectors in particular.</p> <p>The district of East Staffordshire experiences a number of socio-economic problems, with 16.6% of the district’s population (17,700 people) living in the 20% most deprived areas in England. This is below the average for England and the West Midlands Region, but above the average for Staffordshire County Council.</p> <p>East Staffordshire district is ranked 155 out of 354 districts in England based on the average of ward scores (it falls into the 50% most deprived districts nationally by this measure). Three Super Output Areas (SOAs) fall within the 10% most deprived nationally and 8 SOAs fall into the 10%-20% most deprived SOAs nationally. These SOAs are clustered in Winshill, Stapenhill, Anglesey, Eton Park, Shobnall and Horninglow.</p> <ul style="list-style-type: none"> • The health conditions covered will encompass Mental Health conditions, although a holistic approach will be taken with the users of ‘That Place’. The development of Information prescriptions in the area of mental wellbeing will take priority. Prescriptions will be issued to users of ‘That Place’ in person. As this is a new venture we are unable to predict usage at this time. • Our draft care pathway follows to show possible information points and professionals involved. This is a dynamic document and will continue to evolve as the service becomes operational. Dispensing locations will be determined as the centre usage becomes established. 	

	Pilot Site	Activity	Timescales
		<p data-bbox="481 279 1097 319">Info Rx Pathway - Level 1 Draft Copy</p> <pre> graph LR DI[Drop In] --> B1 RI[Referred in] --> B1 B1["1 Possible Information Point That Place - arrival of person Secretary/Greeter"] --> B2["2 Possible Information Point First Assessment OR Further Assessment Youth Worker?"] B2 --> B3["3 Possible Information Point Different Service"] B2 --> B5["5 Possible Information Point Information Resource?"] B3 --> B1 B5 --> B1 B2 --> B4["4 Possible Information Point Specialist Agency Operating within That Place"] B4 --> B7["7 Possible Information Point ADSiS [Drug & Alcohol Service]"] B4 --> B8["8 Possible Information Point Leaving Care"] B4 --> B9["9 Possible Information Point Connexions ?"] B4 --> B10["10 Possible Information Point C.A.B."] B4 --> B11["11 Possible Information Point Housing"] B7 --> VLine B8 --> VLine B9 --> VLine B10 --> VLine B11 --> VLine VLine -- Further Needs --> B2 </pre>	

	Pilot Site	Activity	Timescales
4	Baseline of current position by 1 April 2007	<ul style="list-style-type: none"> • As this pilot is being delivered via a completely new service, the baseline analysis at present is nil. • The service will however be performance managed and the pilot project would hope to influence this baseline data, which in turn feeds the Local Area Agreement:- <p>Baseline Data Analysis [That Place]</p> <p>The following key areas will be analysed during the life of the project to establish success criteria that is measurable. Data for East Staffordshire locality will be collected prior to 'That Place' opening to enable objective comparisons to be made. A continual cycle of performance analysis will be conducted to monitor success.</p> <ol style="list-style-type: none"> 1. Under 25 year olds accessing Mental Health Services 2. Under 25 year olds who are referred but signposted elsewhere 3. Under 18 year olds on anti depressant medication 4. Accessing the Early Intervention in Psychosis team 5. Interface issues between agencies 6. 16-18 year olds accessing services 7. DNA rates <p>That Place will contribute to the multi agency approach and strategies in striving to have an impact and support individuals on:</p> <ol style="list-style-type: none"> 8. Teenage pregnancies 9. Under 25 year old suicides 10. Truancy and exclusions 11. Offending rates <p>The Local Authority Agreement for Children and Young People which are organised under the principles of Every Child Matters will also be used as part of the performance measurement</p>	<p>April 2007 [2006-7 data]</p>

	Pilot Site	Activity	Timescales
		<ul style="list-style-type: none"> • A CAMHS Choice project is also currently underway within the Trust. A questionnaire survey is currently being undertaken aimed at Parents and Carers of children and adolescents who have been in contact with mental health services. Question 14 relates to information received – this data will also be fed into the information prescription project. Raw Data will be available during April 2007, full report due in June 2007. <p>Other completed audit information which is available to the project team is</p> <ul style="list-style-type: none"> • Mental Health Directorate – “Information to Patients, Relatives and Carers” – Ward based • Librarians as a resource to inform Self Help/Support groups <p>We will also build on the work previously published by the Cancer Networks and other work as it is reported.</p>	<p>April 2007 June 2007</p> <p>Completed January 2007</p> <p>Completed July 2005</p>

	Pilot Site	Activity	Timescales
	<p>Agree design of prescribing process by 1 April 2007</p> <p>Agree design of dispensing process by 1 April 2007</p>	<ul style="list-style-type: none"> • The multi agency staff of 'That Place' includes health, social care and non statutory staff. A list of possible partners is included as Annexe 2. • The methods to be adopted for prescribing and dispensing are as given above and will be subject to evaluation. The dispensing processes will be dependant on assessed need. • The time/ cost elements connected to prescribing and dispensing will form part of the evaluation of the project. • Training and development of the template will be integral to the working of 'That Place'. The Trust's library services will provide training on information retrieval and sources of patient information. Other training requirements will be identified as part of the evaluation process. • The information prescription will form part of the "The Initial Assessment" form in the first instance. This may be modified as it is used at other points on the pathway. This will allow duplicate copies of the prescription to be supplied on request, if required and be used for evaluation purposes. • Due to 'That Place' being a new multi agency service, this issue of care records in general has yet to be determined. The information prescription element will need to be part of the negotiations and then evaluated. 	

	Pilot Site	Activity	Timescales
6	Introduce information prescriptions by 1 May 2007	<ul style="list-style-type: none"> • The processes outlined in section 5 will have previously been routed via the Steering Group for 'That Place' • It is envisaged that a monthly meeting will be held with ALL agency staff working in the building • Project manager/lead will also be meeting with agency workers on a one to one specialist service basis. 	<p>1st meeting March 2007</p> <p>1st May 2007</p>
7	<p>Monitor and assess progress to integrate information prescriptions into care pathways</p> <p>Refine methods used in light of findings</p>	<ul style="list-style-type: none"> • There are monthly steering group meetings which include all stakeholders, Information Prescription project will be a standing item on the agenda. Within 'That Place' it is envisaged that monthly meetings will take place open to all agency workers where they will review policies, procedures, etc. These meetings will also be used to monitor and assess progress. • Due to the 'That Place' being a new multi agency service record keeping systems are being developed at present and will be evaluated. It is expected that the system will collect relevant data for the Information Prescription project • There are expected to be resource issues of Time and workload for the professional in prescribing and dispensing the prescription and in recording the data. This will be monitored. • The meetings described above will be used to refine and improve processes. • Small improvements will be able to be made immediately due to the close working envisaged. • Larger issues needing to be resolved will be dependent on the decision making processes and working practices of the different agencies involved. 	

	Pilot Site	Activity	Timescales
8	Engage with The Consortium and other Information Prescription Pilots	<ul style="list-style-type: none"> • What exactly will the consortia be aiming to evaluate; what is the research question and what data will we need to feedback. Which parts will the pilot sites be responsible for evaluating? • We need understanding of the roles and responsibilities of the consortium and an understanding of the support and advice they can offer. What processes does the consortium have in place to respond to the changing needs of the pilot sites? • Please see annexe 1 - letter to the DOH re ethics approval. We will deliver regular highlight reports based on this delivery plan and develop agreements with the consortium re access to relevant information and staff. • It would be useful to have the bid details of the other pilot sites and contact details of leads, to encourage linking up and sharing early learning, this is needed as soon as possible. The project lead is happy to attend meetings and workshops to share learning and further the work of the project. Highlight reports could also be shared 	
9	Contribute to local patient information delivery	<ul style="list-style-type: none"> • By the development of robust partnerships. • Building patient information prescriptions into existing processes of health and social care. <p>Impact – The impact of the Information Prescription will be assessed for Young People and those that are supporting them. Expected outcomes of the project will include:</p> <ul style="list-style-type: none"> • Improved health outcomes will be through specific standardised assessments. • Earlier, targeted interventions will lead to a reduction in referrals to secondary mental health services which in turn should reduce the stigma of being engaged with mental health services. 2 years of baseline data are currently available and will continue to be collected to measure changes during the pilot. • Better information for service users and carers will lead to improved service user and carer satisfaction with their care. This will be measured through the use of surveys as well as monitoring of PALS and complaints. • Improved social inclusion through increased use of existing community resources such as public libraries, youth clubs and sports facilities. Each service involved will measure increase in usage and user satisfaction reporting these measures to the project steering group. 	

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10	Contribute to developing national policy	<ol style="list-style-type: none"> 1. Enhanced delivery of “Our health, Our Care, Our Say” 2. Support delivery of meaningful choice in mental health. 3. Inform ‘free choice’ policy 4. Implementation of Children’s NSF “Promoting the mental health and psychological well-being of children and young people. Standard 9 5. Informed development of best practice in chronic disease management. 6. Develop baseline data for L.A.A.s for children and young people. 	

Performance Development Team
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7th February, 2007

John Cain
Information Prescription Steering Group
Department of Health

Dear John

RE South Staffordshire Information Prescription Pilot

Following discussions with Kate Dixon from OPM I am writing to express some concerns about some of the proposed processes for the Information Prescription Pilot and to gain some clarity on the way forward.

In summary the key issues are:

- 1. OPM consider “Information Prescription” as one whole package. The application from our site stated that a series of “information prescriptions” would be available at different points in pathway. Given the diverse nature of mental health issues, these packages would need to be tailored to the individual depending on both their identified needs at that time, and at what point of which pathway they were. If all these were grouped together as one package it would be exceedingly difficult to measure effectiveness.**
- 2. Ms. Dixon stated that NOP would be carrying out a telephone survey of the people who had received information prescriptions and required their contact details. The team at “That Place” consider this to be very intrusive given the nature of the client group and how difficult they are to engage. Also, one of the key “selling points” of “That Place” is that the young people visiting the centre can do so anonymously therefore the availability of contact details will be very limited. Also those carrying out the survey would have to be cleared through CRB.**

- 3. Application for LREC. We have received advice that our current method of evaluation is considered an “audit” and therefore does not require LREC approval. We are more than happy to apply for LREC for the external evaluation as Ms Dixon suggested however we cannot do so until OPM supply us with what exactly they will be asking. Once this is supplied we will be able to apply for LREC however this may take up to 6 months since we do not currently have the information we need.**

We have had discussions within the project group around these issues and have the following suggestions to address these issues:

- 1. A decision needs to be made as to whether the evaluation is for one single “information prescription” or for groups of information prescriptions relating to more specific needs e.g. anxiety and depression, substance misuse, interpersonal relationships, social issues, diversity issues etc.**
- 2. Less intrusive surveys could be carried out for example we could request a person’s e-mail address at the time of issuing a prescription, text messaging, NOP could come and conduct focus groups, we could attach evaluation questionnaires to information prescriptions. We would welcome suggestions of carrying out the survey effectively without intrusion.**
- 3. As stated previously, and in our application, we are happy to apply for LREC however this may well cause significant delays to the project at this point. The LREC process would be significantly speeded up were OPM to apply for NREC and then all pilot sites could apply for LREC as an addendum to this. (This process was used for the piloting of Discovery Interviews through the Coronary Care Network).**

I am certain that these issues do not only relate to our pilot site and would welcome some direction on addressing these from the Steering Group.

I would like to take this opportunity to express my gratitude in being offered the opportunity to pilot this project in South Staffordshire and to assure you of the Trust’s fullest commitment in delivering some significantly successful outcomes. If you require any clarification or further information, please do not hesitate to contact me. In the meantime I look forward to your thoughts on the best way to move forward with this project.

Yours Sincerely,

**Rosalyn Pitt
Project Lead
South Staffordshire Information Prescription Pilot**

Identified Partners are:

- Youth Agency
- ConneXions
- Housing associations.
- Staffordshire County Council Youth Services
- Young Mind.
- Making space.
- Health and Social Care Services.
- Rural Emotional Support Team.
- Samaritans.
- Educational Authorities: Children & Life Long Learning Directorate
- Mental Health Service User networks.
- Primary Care Trusts.
- Advocacy Services (ASIST).
- South Staffordshire Healthcare NHS Foundation Trust.
- Citizens Advice Bureau.
- Police and Criminal Justice services.
- Carers Association.
- Relate.
- Racial Equality Council.
- Community Voluntary Services
- Public Health Professionals
- Job centre/ Department for Education and Skills
- Complementary Therapies
- Family Planning Service
- Information Services
- Youth Action Council
- DAAT

- Schools and Colleges
- Head teachers
- Children's service user networks
- Youth offending services

This list is not exhaustive and will increase as more agencies become involved