

ANNEXE 2 YORK IMPROVEMENT PLAN: July 2019

ref	CQC description or area for improvement	Named lead	CQC Themes:	Progress / next steps
1	<p><i>System leaders should continue to focus on developing relationships and partnership working across the system. To lead partnership working across the system, partners must agree on the collective system vision and strategy and develop a system wide plan that is agreed and signed up to by all system partners.</i></p> <ul style="list-style-type: none"> Align plans to STP works stream priorities and emerging governance arrangements at ICS / ICP levels. Simplified map of the governance arrangements. Investment in organisational development taking place. Shared metrics and reporting processes being developed, linked to NHS Long Term Plan and BCF. 	<p>CYC Chief Executive</p> <p>CCG Accountable Officer</p> <p>Director of Public Health, CYC</p>	<p>Governance and alignment with the STP</p> <p>Relationships</p> <p>System Vision</p>	<p>Regular meetings of the range of partnership groups are scheduled for year ahead and taking place.</p> <p>Chair of HWBB leading members to engage in its development.</p> <p>ICP / ICS developments on progress. PCNs being established.</p>
2	<p><i>There should be a system approach to new appointments, especially those at a system leader level.</i></p>	Chief Officers	Relationships	This is in place when appropriate.
3	<p><i>Directors of Finance across health and care should explore opportunities to work more collaboratively, owning organisational challenges as 'system challenges'. Directors of Finance should also work with commissioning leads to develop plans to facilitate joint commissioning.</i></p>	Chief Finance Officers (CYC, VOYCCG, YTHFT, TEWV)	<p>Relationships</p> <p>Joint Commissioning</p>	Schedule of meetings in place with shared agenda on partnership opportunities.
4	<p><i>Commissioners should ensure that a joint commissioning strategy is developed as a matter of priority. Commissioners should also focus efforts on strengthening performance metrics and data collected at a local level to provide a greater understanding the impact of commissioned services and schemes.</i></p> <ul style="list-style-type: none"> Prepare with partners a new Market Position Statement. Develop opportunities for shared brokerage, personal health budgets and direct payments eg for CHC. Develop local market to reduce reliance on out of area placements. Make links with other approaches, such as Police, Fire and Crime Commissioner, including ideas on social mobilisation. Strengthen the link between JSNA data and the metrics we use. 	<p>(DASS CYC) Chief Finance Officer and Director of Primary Care and Population Health (VOYCCG)</p>	<p>Joint Commissioning</p> <p>Managing social care capacity</p>	<p>JCSG joint commissioning programme in place.</p> <p>BCF Performance Framework strengthened. Venn Capacity and Demand Model enabling impact to be predicted and measured.</p>

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5	<p><i>The system should accelerate the development of a system workforce strategy co-produced with independent care providers and VCSE partners.</i></p> <ul style="list-style-type: none"> • Prepare in partnership a Joint Workforce Strategy and Plan, based on needs and gap analysis, including clinical and non-clinical roles. • Establish a programme of health and social care apprenticeships to build capacity. • Harness power of social impact volunteering, Police Community Connectors, link to Local Area Coordination and social prescribing. • Develop joint training programmes. 	DCS (CYC)	Managing social care capacity	<p>Working group to be formed to develop the system workforce strategy.</p> <p>Proposals being developed for 'hybrid' health and social care roles to support people at home.</p> <p>Joint CHC training arranged.</p>
6	<p><i>The system should continue to work with independent providers and utilise engagement forums to move towards a seven day service model and co-produce a model for trusted assessment.</i></p> <ul style="list-style-type: none"> • Deliver the 8 High Impact Changes Model, through the multi agency Complex Discharge Steering Group, reporting quarterly to HWBB as part of BCF arrangements. • Expand 7 day working in partnership with the sector. 	<p>Chief Executive (YTHFT) DASS (CYC)</p> <p>Complex Discharge Steering Group</p>	<p>Managing social care capacity</p> <p>The HICM and Multi disciplinary working</p>	<p>Partners in Care and Providers forums in place. ICG funded to support development Trusted Assessment. This is the last of the 8 High Impact Changes to be established.</p>
7	<p><i>The system should continue to develop and promote the Live Well York website across the system and strengthen information available for people who fund their own care.</i></p>	DASS (CYC)	<p>Managing social care capacity</p> <p>Communicating with people who use services</p>	<p>Live Well York official launch March 2019</p> <p>Self Funders JSNA completed – publication March 2019</p> <p>Population Health Needs Assessment prepared to support the developing Primary Care Networks – June 2019</p>

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8	<i>Medicines management.</i>	Director of Primary Care and Population Health (VOYCCG)	Medicines management.	BCF funding agreed to expand interface pharmacy 2019/20. NHS Long Term Plan – PCNs established.
9	<i>Continuing Healthcare</i> <ul style="list-style-type: none"> Develop joint commissioning opportunities to maximise efficiency through shared brokerage. Identify issues leading to DTOC attributable to CHC.	Executive Director of Transformation, Complex Care and Mental Health (VOYCCG) AD Joint Commissioning (CYC / VOYCCG)	Continuing Healthcare. Managing social care capacity. Communicating with people who use services.	Working with NYCC to explore brokerage options. Work on pathways progressing. Capacity and Demand Model will shape market options.
10	<i>Digital Interoperability</i>	DASS (CYC) Chief Constable (NYPC)	Digital Interoperability	Multi agency Digital Interoperability Working Group refreshed as project board. LCHRE programme making progress. One Team record sharing as the focus for local programme.